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ILLINOIS REGISTER

Rules of Governmental Agencies

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(217) 782-9786

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INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1985, ch. 127, pars. 1001 et seq., as amended).

REGISTER PUBLICATION SCHEDULE 1989

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
Dec. 20, 1988	Dec. 27, 1988	1	Jan. 6, 1989	June 27, 1989	July 3, 1989 (Mon.)	28	July 14, 1989
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Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Pay Plan
- 2) The Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers:
- | | |
|-----------------|---------|
| 310.110 | Amended |
| 310.130 | Amended |
| 310.530 | Amended |
| 310.540 | Amended |
| 310. Appendix B | Amended |
| 310. Appendix C | Amended |
| 310. Appendix D | Amended |
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 127, par. 63b108a(2)
- 5) A Complete Description of the Subjects and Issues Involved:
- These amendments reflect the Fiscal Year 1990 changes affecting the Schedule of Salary Grades, Physician Administrator and Medical Facilities Administrator Rates, and the Merit Compensation System Salary Schedules.
- In Sections 310.110, 310.130, 310.530, and 310.540, the dates are being updated to reflect the new fiscal year. Also, in Section 310.110, paragraph (b) and in Section 310.530, paragraph (c) are being deleted since the narrative in these paragraphs are no longer applicable.
- In Section 310. Appendix B, the Schedule of Salary Grades is being amended to reflect a 3.5% increase, in order to maintain appropriate relationship with increases negotiated and provided under the major collective bargaining contracts (AFSCME).
- In Section 310. Appendixes C and D, the maximum salary for the Physician Administrator and Medical Facilities Administrator Rates and the Merit Compensation System Salary Schedule are being increased by 3.5%. The minimum salary will remain unchanged from the previous fiscal year. The "Midpoint Salary" of both schedules are revised to reflect the new midpoint between the minimum and maximum rates. The "Merit Pay Zone Limit" of the Merit Compensation System Salary Schedule is being increased by 5% of the new maximum rate.
- 6) Will this proposed rule replace an emergency rule currently in effect?

Yes

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 7) Does this rulemaking contain an automatic repeal date? Yes ☐ No ☐
If "yes", please specify date:
- 8) Do these proposed amendments contain any incorporations by reference?
- No
- 9) Are there any proposed amendments pending to this part? Yes
- | Sections Numbers | Proposed Action | Ill. Reg. Citation |
|---------------------|-----------------|--------------------|
| 310.230 | Amended | 13 Ill. Reg. () |
| 310.290 | Amended | 13 Ill. Reg. () |
| 310. App. A, Tab. A | Amended | 13 Ill. Reg. () |
| 310. App. A, Tab. B | Amended | 13 Ill. Reg. () |
- 10) Statement of Statewide Objectives:

These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code and do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
Telephone: (217) 782-5601

- 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

The Department of Central Management Services' Pay Plan does not affect private businesses. Amendments made to the Pay Plan are not subject to any guidelines or regulations of the Department of Commerce and Community Affairs.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

B) Types of small businesses affected:

None. The Department of Central Management Services' Pay Plan extends only to Personnel Code employees under the jurisdiction of the Governor.

C) Reporting, bookkeeping or other procedures required for compliance:

None

D) Types of professional skills necessary for compliance:

None

The text of the Proposed Amendments is identical to the Emergency Amendments which appear on page 1856 of this issue of the Illinois Register.

ILLINOIS REGISTER

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Administrative Hearings And Appeals2) Code Citation: 56 Ill. Adm. Code 2725

Section Number:	Proposed Action:
2725.20	Amended Section
2725.100	Amended Section
2725.105	Amended Section
2725.120	Amended Section
2725.250	Amended Section
2725.270	Amended Section

4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 48, pars. 451, 452, 453, 456, 571, 571.1, 572, 572.1, 578, 578.1, 579, 580, 610, 611, 680, 681, 683, 700, 701, 702, 703, 704 and 705, as amended by P. A. 86-0003, effective July 1, 1989.5) A Complete Description of the Subjects and Issues Involved:
This proposed amendment provides the Director with the ability to appoint employees of the Department to appear at hearings before the Director's Representative to represent the position of the Director in the matter.

This proposed amendment also updates the various hearing rules which refer to benefit wage charging. Effective July 1, 1989, benefit wages will be replaced by benefit charges. Also, effective July 1, 1989, the "chargeable employer" will incur the benefit charges instead of the base period employers who incurred the benefit wage charges.

These proposed rules will replace the proposed amendments that were published in the Illinois Register on April 21, 1989 but are now being withdrawn due to the recent amendments to the UI Act.

6) Will the proposed amendment replace an emergency amendment currently in effect? Yes.7) Does this rulemaking contain an automatic repeal date? No.8) Does this proposed amendment contain an incorporation by reference pursuant to Section 6.02 of the Illinois Administrative Procedure Act? No.

DEPARTMENT OF EMPLOYMENT SECURITY

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NOTICE OF PROPOSED AMENDMENTS

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- 9) Are there any other proposed amendments pending on this Part? No.
- 10) Statement of Statewide Policy Objective? Not Applicable.
- 11) Time, Place and Manner in which interested persons may comment on this Proposed Rulemaking: All persons who submit a request to comment regarding this proposed amendment within 20 days after this notice has been published in the ILLINOIS REGISTER will be given a reasonable opportunity to submit data, views, arguments or comments. The request shall be addressed to:

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2nd Floor South
Chicago, IL 60605
312-793-4240

- 12) Initial Regulatory Flexibility Analysis:

Date rules were submitted to the Small Business Office of the Department of Commerce and Community Affairs: June 21, 1989.

Types of small businesses affected: All businesses subject to the Unemployment Insurance Act.

Reporting, bookkeeping or other procedures required for compliance: None.

Types of professional skills necessary for compliance: None.

The full text of the Proposed Amendment appears on the following page of the Illinois Register.

Section
2725.1
2725.3
2725.5
2725.10
2725.15
2725.20
2725.25

Definitions
Burden Of Proof
Designation Of Agents
Computation Of Time
Disqualification Of Agency Employee
Request For Clarification
Form Of Papers Filed

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER a: GENERAL PROVISIONS

PART 2725
ADMINISTRATIVE HEARINGS AND APPEALS
SUBPART A: GENERAL PROVISIONS

SUBPART B: FILING OF APPLICATIONS AND CLAIMS FOR RELIEF

2725.100 Application For Revision Of Statement Of Benefit Wages Or Of Statement Of Benefit Charges
2725.105 Application For Review Of Rate Determination
2725.110 Protest Of Determination And Assessment
2725.115 Claim For Adjustments (Credits) And Refunds
2725.120 Application For Cancellation Of Benefit Wages Or Benefit Charges Due To Lack Of Notice

SUBPART C: APPEAL TO DIRECTOR'S REPRESENTATIVE

2725.200 Filing Of Appeal
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2725.265 The Record
 2725.270 Recommended Decision
 2725.275 Objections To Recommended Decision
 2725.280 Decision Of Director

of such Statement, as provided in Section 1508 of the Act.

- b) A sufficient Application shall set forth: the name and Social Security account number of each claimant whose benefit wages or benefit charges are contested; the amount of benefit wages or benefit charges contested; the weeks of benefit wages or benefit charges contested; the year and quarter of the Statement of Benefit-Wages (Ben-118) contested; and a statement of facts providing the basis for relief upon which the employer relies in its Application.

SOURCE: Adopted at 11 Ill. Reg. 11065, effective July 1, 1987; amended at 12 Ill. Reg. 14653, effective September 6, 1988; amended at 12 Ill. Reg. 16060, effective September 23, 1988; emergency amendments at 13 Ill. Reg. _____, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. _____, effective _____.

- 1) If the employer is charged benefit wages and did not receive notice of the claim, despite the Agency's record of the mailing date of a "Notice of Finding to a Base Period Employer" (BIS-305) shown on the Statement of Benefit Wages (Ben-118), the employer states this fact and the reasons why the payment of benefits to the claimant for the weeks charged, or the charging of benefit wages to the employer, is improper.

SUBPART A: GENERAL PROVISIONS

Section 2725.20 Request For Clarification

Any employer may request clarification of information contained on a "Statement of Benefit Wages" or a "Statement of Benefit Charges" (Ben-118), "Notice of Employer's Contribution Rate" (ER-5) or "Determination and Assessment" by contacting the Department of Employment Security, Division of Revenue, at the address or telephone number listed on such applicable form. However, such response by the Revenue Division shall be for informational and clarification purposes only and not binding on either the employer or the Agency.

(Source: Amended at 13 Ill. Adm. Code _____, effective _____)

SUBPART B: FILING OF APPLICATIONS AND CLAIMS FOR RELIEF

Section 2725.100 Application For Revision Of Statement Of Benefit Wages Or Of Statement Of Benefit Charges

- a) Applications for Revision of the Statement of Benefit Wages or the Statement of Benefit Charges must be filed at the address specified on the such Statement of Benefit-Wages (Ben-118), within 45 days of the mailing

- A) If an employer was served with a Notice of Finding or Reconsidered Finding (BIS-305) pursuant to Section 701 or 703 of the Act, the employer may not object to the benefit wages on the basis that the employer was not an employer during the base period of the claimant, that the claimant was not performing services in employment for the employer or that the wages as shown on such finding are incorrect.

- B) If an employer was served with a Notice of Finding (BIS-305), the employer's remedy for relief of the benefit wages is an appeal of the finding pursuant to Section 800 of the Act or a request for reconsideration of the finding pursuant to Section 703 of the Act with the Claims Adjudicator at the local office where the claimant filed for benefits.

DEPARTMENT OF EMPLOYMENT SECURITY

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- C) If the finding is subsequently modified or reversed, the benefit wages will be modified or cancelled, as appropriate, through the operation of Section 706 of the Act. (See 56 Ill. Adm. Code 2720).
- 2) If an employer alleges that the benefit wages or benefit charges arose from the payment of benefits to a claimant for weeks of eligibility to which the employer was entitled to notice of a determination pursuant to Sections 702 or 703 of the Act, and was not notified of such determination of eligibility and the claimant was improperly paid benefits, the employer must show that it filed in response to notice of the claim, a timely (see 56 Ill. Adm. Code 2720.30) and sufficient Notice of Possible Ineligibility or letter in lieu thereof alleging that the claimant was ineligible for benefits for the weeks charged and did not receive a determination of eligibility or decision holding the Notice of Possible Ineligibility or letter in lieu thereof as insufficient or untimely.
- A) A copy of the allegedly unanswered Notice of Possible Ineligibility or letter in lieu thereof must be included with the Application, together with any subsequent documentation where applicable, such as a Referee or Board of Review decision holding the Notice of Possible Ineligibility as sufficient.
- B) If the employer did not file a timely and sufficient Notice of Possible Ineligibility or letter in lieu thereof in response to the notice of claim or if a determination of eligibility was served upon the employer, the employer may not object to the benefit wages or benefit charges that arose from the determination of eligibility for benefits expaid to the claimant for the weeks charged. In such a case, the employer's remedy is to request a reconsidered determination from the local office Claims Adjudicator where the claimant filed for benefits, pursuant to

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- Section 703 of the Act or to file an appeal to the determination under Section 800 of the Act.
- C) If the determination of eligibility for the weeks charged is reversed, the employer will receive appropriate relief from the benefit wages or from the benefit charges charged through the operation of Section 706 of the Act.
- 3) When the employer alleges that a clerical error was made by the Agency, the nature of the clerical error and its effect on the benefit wages or benefit charges must be clearly stated. A copy of the material bearing the error must accompany the Application.
- 4) Where the employer alleges that the benefit wages are non-chargeable because part-time work provided by the employer during the claimant's base period was continued into the applicable benefit year pursuant to Section 1501F of the Act, there must be a specific allegation that the employer provided during the applicable benefit year substantially the same part-time work as he did during the base period of the claimant. In determining whether the part-time work is substantially the same as provided in the base period, consideration shall be given to the number of hours worked and the amount of wages earned. The employer must furnish information to support the allegations, which may include a record of earnings and working hours in each calendar week following the initial claim during the period covered by the Statement of Benefit Wages (Ben-118) and an equivalent record showing that earnings and working hours are on the same basis and substantially the same amount as during the base period of the claimant while performing services for the employer.
- c) An Application which does not specify the factual basis for relief sought or otherwise fails to meet the criteria in subsection (a) and (b) shall be ruled

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insufficient, and the Director shall serve notice of such ruling and the basis therefor upon the employer. The ruling shall be final and conclusive unless the employer files, within 20 days of the date of mailing of the ruling, a written objection or a revised Application for Revision of the Statement of Benefit Wages or Statement of Benefit Charges, specifically responding to the reasons the original Application was ruled insufficient. The written objection or revised Application be shall reviewed and an order issued. An employer disagreeing with such order may appeal to a Director's Representative under Subpart C of this Part if such appeal is taken within 20 days of the date of mailing of the order.

1) Where an employer alleges that benefit wages should have been transferred from such employer's account to the next subsequent employer pursuant to Section 1501F of the Act, reference must be made to, and a copy furnished of, the Notice of Claims Adjudicator's Decision (Ben-135) or the Director's Decision, which is the basis for the requested transfer.

A) No transfer of benefit wages may be initiated through an Application for Revision of Statement of Benefit Wages, but must be requested from the Claims Adjudicator at the local office where the claim was filed.

B) If an employer has previously submitted a request for transfer of benefit wages with the local office, it should resubmit the request with proof of filing the original request.

2) Where an employer alleges that a claimant was not an unemployed individual under Section 239 of the Act during a period when such claimant was paid benefits, no relief shall be available under Section 1508 of the Act, but the matter shall be referred to the local office where the claimant last filed a claim for benefits for investigation to which claim employer shall be a party. If the claimant is determined

ineligible, appropriate relief will be granted to such employer under Section 706 of the Act.

3) Where an employer alleges that his Statement of Benefit Charges is incorrect because it is not the chargeable employer pursuant to Section 1502.1 of the Act, such Application must contain a reference to and a copy of the decision which reverses the claims adjudicator and holds that the employer is not the chargeable employer. Unless the employer has filed a timely request for reconsideration to the decision that the claims adjudicator has found it to be the chargeable employer, pursuant to 56 Ill. Adm. Code 2765.325 or 2765.326, such employer shall not be entitled to a revision of its "Statement of Benefit Charges".

d) Upon receipt of a sufficient Application, the Application shall be ordered allowed or denied in whole or in part and notice of such order stating the basis therefor shall be mailed to the employer. Such application will be allowed in part and denied in part where the employer has contested multiple benefit wages or benefit charges but has made sufficient allegations on some but not all. Such order shall become final and conclusive at the expiration of 20 days from the date of mailing of such order, unless the employer shall have filed a petition specifying its objections thereto.

e) Where the allegation in the Application is lack of notice of a determination or reconsidered determination and the ineligibility of the claimant for a specific reason, such employer shall be sent either a copy of the original determination or reconsidered determination, as may be applicable, and if the allegation of lack of notice proves to be true, the period for filing a timely appeal under Section 800 of the Act and 56 Ill. Adm. Code 2720. Subpart C shall begin from the date of mailing of the copy of the determination or reconsidered determination.

(Source: Amended at 13 Ill. Adm. Code _____, effective _____)

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENTS

Section 2725.105 Application For Review Of Rate Determination

- a) An Application for Review of Rate Determination must be filed at the address on the Notice of Contribution Rate Determination (form ER-5) within 15 days of the mailing of the Notice of Contribution Rate Determination to the employer.

- b) A sufficient Application shall set forth the following:

- 1) If the rate determination is based in whole or in part on erroneous benefit wages or erroneous benefit charges, the Application must allege:
 - A) The employer was not served with a Statement of Benefit Wages or a Statement of Benefit Charges containing the benefit wages or benefit charges used in the calculation of the employer's contribution rate; or,
 - B) The employer has received an order or decision allowing an adjustment of the benefit wages or an adjustment of the benefit charges used in calculating the employer's contribution rate. A copy of such order or decision must be attached to the application.
- 2) If a determination or decision allowing the payment of benefits has finally been reversed or modified and the benefit wages or benefit charges resulting from such benefit payment were not revised in accordance with the provisions of Section 706 of the Act, the employer shall provide a copy of such final reconsidered finding, reconsidered determination or decision.
- 3) If the employer has not been credited with payment of the full amount of contributions paid to the Director in accordance with Section 1503 of the Act, the employer shall state the exact amount of contributions and the date such contributions were paid, the calendar quarter to which

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the payment relates, and/or the exact amount of wages for insured work for which contributions were paid to the Director.

- 4) If the employer alleges that its payment of contributions, interest or penalties was not applied in accordance with 56 Ill. Adm. Code 2765.45, it must provide evidence of its request for specific application of the payment.

EXAMPLE: An employer tendered a payment of \$100.00 which the Agency applied to the earliest unpaid quarter of the employer. If the employer alleges that this payment should have been applied to a different quarter, heit shall provide evidence that, at the time the payment was tendered, heit indicated the time period to which the payment was to apply.
- 5) If the Agency has made a mathematical error, the employer shall provide a detailed, clear statement showing the correct calculations.
- 6) If the employer alleges that the provisions of Section 1507 of the Act have been erroneously applied, the employer must show that it complied with 56 Ill. Adm. Code 2760.105(b), if applicable, and shall provide a statement of whether the employer has succeeded to substantially all or to a distinct severable portion of the employing enterprises of a predecessor, or whether a successor has succeeded to substantially all or a distinct severable portion of the employer's employing enterprises, and the factual basis for such statements.
- 7) If the employer alleges an incorrect Standard Industrial Classification code, a statement of the employer's primary activity and the factual basis for such statement.
- 8) If the employer alleges that it has not been credited with the full amount of wages for insured work subject to the payment of contributions that it reported, it shall state the exact amount of such

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wages and the quarters for which such wages were reported and shall provide a copy of its Wage Report (UC-40) (see 56 Ill. Adm. Code 2760.25) and any form UC-40B's used to report additional wages for the same quarters (see 56 Ill. Adm. Code 2760.145).

- c) An Application which does not specify the factual basis for relief sought, or does not contain the information required by the applicable Section of this Part, shall be ruled insufficient. The ruling shall be final and conclusive unless the employer files, within 10 days of the date of mailing of such ruling, a written objection or revised Application, specifically responding to the reasons the original Application was ruled insufficient. The written objection or revised Application shall be reviewed and an order allowing or denying relief issued.

- d) If the Application is sufficient, the Agency shall investigate the allegations in the Application based on agency records and any documents supplied by the employer. The Agency shall issue a written order with reasons denying the Application or allowing the Application in whole or in part.

- e) An employer disagreeing with the order may appeal to a Director's Representative under Subpart C of this Part.

- f) If the basis for review of the rate determination is a pending benefit wage or benefit charge matter, such matter is not a basis for relief under this Section, but rather the employer's remedy is pursuant to Section 1508 of the Act and Section 2725.100 of this Part. If the benefit wages or benefit charges are modified or cancelled, as appropriate, through the operation of Section 2725.100 of this Part, appropriate relief will be granted through the operation of Sections 1508 and 1509 of the Act.

EXAMPLE: While review of a benefit wage or a benefit charge matter is pending, the employer receives a Notice of Contribution Rate Determination based on the contested benefit wages or benefit charges. This employer's pending Application for Revision of Statement of Benefit

Wages or Statement of Benefit Charges shall be deemed to be an Application for Review of that portion of its rate based on the contested Statement. If such employer prevails on the Application for Review of Benefit Wages or Statement of Benefit Charges, his/her benefit wage or benefit ratio shall be modified accordingly and, if this results in a change to his/her rate, a revised Notice of Contribution Rate Determination will be issued.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

Section 2725.120 Application For Cancellation Of Benefit Wages Or Benefit Charges Due To Lack Of Notice

- a) An Application for Cancellation of Benefit Wages or Benefit Charges Due to lack of notice made pursuant to Section 1508.1 of the Act shall be sufficient only if the following requirements are met:

- 1) The employer has also filed a timely and sufficient Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges, as provided in Section 2725.100; and,
- 2) The employer specifically alleges in its Application for Cancellation of Benefit Wages or Benefit Charges that the Agency did not issue one or more of the following Notices within the required time period:

- A) A "Notice-to-Base-Period-Employer" (BIS-305) or "Notice to Last Employer, Last Employing Unit or Other Interested Party," (BIS-31) (See 56 Ill. Adm. Code 2720.130(a)(1)) within 180 days of the date of the initial Finding; or,

- B) A "Notice of Determination" (BEN-134) (See 56 Ill. Adm. Code 2720.140(a)) under Section 702 of the Act within 180 days of the employer's timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof (see 56 Ill. Adm. Code 2720.130) or, in the case of a remanded Decision regarding the sufficiency

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of the employer's protest under Section 702 of the Act, within 180 days of the remanded Decision; or,

- C) In the case of a "Notice of Determination" (BEN-134) issued under Section 702 of the Act, in which an issue was not adjudicated at the time of the employer's timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof because of the individuals' failure to file a claim for a week of benefits, within 180 days of the date on which the individual first files a claim for a week of benefits; or,

- D) A "Notice of Reconsideration of Findings" (BIS-305) or "Notice of Reconsideration of Determination" (BEN-134), within 180 days of the date of reconsideration; or

- E) A "Notice of Director's Decision" (AR-56) (See Ill. Adm. Code 2720.270), which allows benefits, within 180 days of the date that the appeal was received by the Agency; or,

- F) Under Section 604 of the Act, a "Notice of Director's Decision" within 180 days of the date of the report and Recommended Decision of the Director's Representative.

- G) With respect to the notice of a decision that the employer is a chargeable employer, pursuant to Part 2765, within 180 days of the employer's protest or appeal of such a decision.

- b) A citation to Section 1508.1 of the Act or this Section of the Rules need not be made in the Application, nor is it necessary to specifically allege the failure of the Agency to act within 180 days.

Example: The employer meets the requirements of Subsection (a)(1) and alleges that the Agency failed to respond to its timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof

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by issuing a "Notice of Determination" (BEN-134). If the Agency finds that the allegations contained in the employer's Application for Cancellation of Benefit Wages or Benefit Charges are true, and 180 days have elapsed since the employer's "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof, then the benefit wages or the benefit charges in question will be cancelled.

- c) The Application for Cancellation of Benefit Wages or Benefit Charges can be made a part of an Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges provided that the requirements of subsection (a)(2) are satisfied.

Example:--An initial finding is made on January 4, 1987, but no "Notice to Base Period Employer" (BIS-305) is mailed to the employer, although no benefits are initially paid. The claim is reopened on July 7, 1987, but no "Notice to Base Period Employer" (BIS-305) is mailed and benefits are now paid. As the statement of benefit wages (BEN-118) will not be mailed until subsequent to the 180 days after the date of mailing of the initial finding, both the Application for Revision of Statement of Benefit Wages and the Application for Cancellation of Benefit Wages can be made in a single document.

- d) An Application for Cancellation of Benefit Wages or Benefit Charges will be denied if an Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges regarding the same benefit wages or the same benefit charges and based on the same allegation has already been denied.

- e) The cancellation of benefit wages or the cancellation of benefit charges will be allowed if it is proven by the employer that:

- 1) The employer meets the definition of a "party" under 56 Ill. Adm. Code 2720.1; and,
- 2) The Agency failed to issue one or more of the "Notices", as set forth in subsection (a)(2); and,

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- 3) The employer has satisfied the requirements of Section 1508 of the Act; and,
- 4) The Agency's actions directly resulted in the payment of benefits to an individual and hence caused the individual's wages to become benefit wages or benefit charges in accordance with the provisions of Sections 1501, 1501.1, and 1502 and 1502.1 of the Act. For the purposes of this Section, the Agency's actions "directly resulted" in the payment of benefits where the Agency fails to respond to a timely, where required, notice from an employer within the time limits set in subsection (a)(2).

A) Example 1: The employer files a late appeal to the Referee (after expiration of the 30 day appeal period set forth by Section 800 of the Act). Even if the Agency fails to rule on the employer's appeal within 180 days from the date the appeal is filed, the employer's benefit wages or benefit charges will not be cancelled, as the Agency's failure to rule on an issue over which the Referee has no jurisdiction cannot "directly result" in the payment of benefits. This result would be different if the employer proves that its appeal was filed in a timely manner.

B) Example 2: The employer files a timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof to which the Agency makes no response within 180 days. Even if the claimant is found to be eligible for benefits, these benefit wages or benefit charges will be subject to cancellation if the other requirements of this Section are met.

- f) All of the provisions of Section 1508 of the Act and Section 2725.100 of this Part, applicable to Applications for Revision of Statement of Benefit Wages or Statements of Benefit Charges and not inconsistent with the provisions of Section 1508.1 of the Act and this Section, shall apply to Applications for Cancellation of Benefit Wages or Benefit Charges under Section 1508.1 of the Act.

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Example: The employer must file its timely Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges in response to a Statement of Benefit Wages or Statement of Benefit Charges. If any benefit wages or benefit charges are allowed by the employer to become final, it cannot later request that the benefit wages or benefit charges be cancelled due to its subsequently meeting the requirements of Section 1508.1 of the Act.

- g) All of the provisions of the Act and this Part applicable to Protests and Petitions for Hearings conducted pursuant to Section 2200 of the Act and not inconsistent with the provisions of Section 1508.1 of the Act and this Section shall be applicable to Applications for Cancellation of Benefit Wages or Benefit Charges.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

SUBPART C: APPEAL TO DIRECTOR'S REPRESENTATIVE

Section 2725.250 Conduct of Hearing

- a) The Director's Representative will control the hearing which will be confined to the relevant factual and/or legal issues.
- b) At the hearing the petitioning employer must produce testimony, argument or other evidence to establish that the Director's order or determination and assessment is incorrect.
- c) Following the testimony of each witness, the witness may be questioned and cross-examined by the opposing party, if any, and then may be questioned and cross-examined by the Director's Representative or such other employee of the Director as the Director may designate. The Director's Representative or such other employee of the Director as the Director may designate shall represent the Director and may present any evidence to support the Director's order or determination and assessment.

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- d) It is the duty of the Director's Representative to ensure that the party or parties, as appropriate, have full opportunity to present all evidence relevant to the issues before the Director's Representative.
- e) If any person becomes disruptive or abusive, the Director's Representative shall exclude such person from the hearing and the hearing will continue without the participation of such excluded individual. The Director's Representative shall render a decision based on all evidence in the record.
- f) The Director shall prohibit any person from representing a party in any proceeding under this Part if the Director finds that such person is or has been guilty of violating the Code of Professional Responsibility, Article 8 of the Rules of the Illinois Supreme Court (Ill. Rev. Stat. 1987, ch. 110A, par. 1-101 et seq.) or has intentionally disregarded the provisions of the Act, rules promulgated thereunder or written instructions of the Director. Such prohibition shall be in writing and shall be applicable for a period not to exceed 120 days from the date such decision is mailed to the party.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

Section 2725.270 Recommended Decision

- a) The Director's Representative shall issue a recommended decision without a hearing where:

- 1) The Record fails to state a basis for relief under the facts stated or the law;
- 2) The Petition or revised Petition, Application for review of a rate determination, Application for revision of statement of benefit wages or statement of benefit charges, or Claim for re-fund or adjustment was not filed in a timely manner as provided for in the Act and no issues relating to timeliness have been raised by the petitioner.

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- b) The Director's Representative, at the conclusion of the hearing, or upon the failure of an appealing party to appear at a scheduled hearing or failure of such party to provide any necessary telephone number or to answer at a designated telephone number at the time of such scheduled hearing as provided in Section 2725.220, shall submit his recommended decision to the Director. Such recommended decision shall include:
- 1) A statement of the issues involved;
 - 2) Findings of fact;
 - 3) Conclusions of law;
 - 4) A recommended decision.
- c) A copy of such recommended decision shall be served upon all parties.
- d) Such recommended decision shall become the decision of the Director unless objections are filed to the recommended decision in accordance with Section 2725.275.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Claims, Adjudication, Appeals and Hearings

9) Are there any other proposed amendments pending on this Part? No.

2) Code Citation: 56 Ill. Adm. Code 2720

10) Statement of Statewide Policy Objectives? Not Applicable.

3) Section Numbers:
 2720.1 Proposed Action:
 2720.130 Amended Section
 2720.132 New Section

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: All persons who submit a request to comment regarding this proposed amendment within 20 days after this notice has been published in the ILLINOIS REGISTER will be given a reasonable opportunity to submit data, views, arguments or comments. The request shall be addressed to:

4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 48, pars. 349, 409, 420, 450, 451, 452, 453, 455, 456, 470, 471, 473, 474, 474a, 500, 501, 502, 504, 530, 610, 611, 700, 702 and 704, as amended by P. A. 86-0003, effective July 1, 1989.

Stella Adams Cuthbert, Commissioner
 Illinois Department of Employment Security
 401 South State Street - 2nd Floor South
 Chicago, IL 60605
 312-793-4240

5) A Complete Description of the Subjects and Issues Involved:
 In addition to making several technical changes, these amendments would require that employers notify the agency whenever an employee is discharged for an alleged felony or theft connected with his work. These amendments also eliminate the mailing of a notice to base period employers as now provided in Section 701 of the Act.

12) Initial Regulatory Flexibility Analysis:

Date rules were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: June 21, 1989.

This proposed rulemaking specifies when an employer is a "party" to a determination which occurs during an individual's claim series.

Types of small businesses affected: All businesses subject to the Unemployment Insurance Act.

The agency does recognize that, because of the provisions of Section 602B of the Act, certain base period employers have an interest in certain claimants. However, because the agency has no way to identify such employers, the filing of a notice of separation that an employee is discharged for an alleged felony or theft will assure that consideration is given to the eligibility of claimants discharged under these circumstances.

Reporting, bookkeeping or other procedures required for compliance: None.

Types of professional skills necessary for compliance: None.

The full text of the Proposed Amendments begin on the next page:

6) Will the proposed amendment replace an emergency amendment currently in effect? Yes.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference? No.

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TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER a: GENERAL PROVISIONSPART 2720
CLAIMS, ADJUDICATION, APPEALS AND HEARINGS

SUBPART A: GENERAL PROVISIONS

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2720.1	Definitions
2720.3	"Week" In Relation To "Benefit Year"
2720.5	Service Of Notices, Decisions, Orders
2720.10	Computation Of Time
2720.15	Disqualification Of Adjudicator, Referee, Or Board Of Review
2720.20	Attorney Representation Of Claimants
2720.25	Form Of Papers Filed
2720.30	Correction Of Technical Errors

SUBPART B: APPLYING FOR UNEMPLOYMENT INSURANCE BENEFITS

Section	
2720.100	Filing A Claim
2720.101	Filing, Registering And Reporting By Mail Under Special Circumstances
2720.105	Time For Filing An Initial Claim For Benefits
2720.106	Dating Of Claims For Weeks Of Partial Unemployment
2720.107	Employing Unit Reports For Partial Unemployment
2720.110	Required Second Visit To Local Office
2720.115	Continuing Eligibility Requirements
2720.120	Time For Filing Claim Certification For Continued Benefits
2720.125	Work Search Requirements For Regular Unemployment Insurance Benefits
2720.126	Availability For Part Time Work Only
2720.127	Director's Approval Of Training
2720.128	Active Search For Work: Attendance At Training Courses
2720.129	Regular Attendance In Approved Training
2720.130	Employing Unit Protest Of Benefit Payment
2720.132	Required Notice By An Employer Of Separation For Alleged Felony Or Theft Connected With The Work

2720.135	Adjudicator Investigation
2720.140	Adjudicator Determination
2720.145	Payment Of Unemployment Insurance Benefits For Initial Claims
2720.150	Applying For Unemployment Insurance Benefits Under Extension Programs
2720.155	Non-Resident Application For Benefits
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SUBPART C: APPEALS TO REFEREE

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2720.200	Filing Of Appeal
2720.205	Notice Of Hearing
2720.210	Preparation For The Hearing
2720.215	Format Of Hearings
2720.220	Ex Parte (One Party Only) Communications
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2720.235	Withdrawal Of Appeal
2720.240	Continuances
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2720.250	Rules Of Evidence
2720.255	Failure Of Party To Appear At The Scheduled Hearing
2720.265	The Record
2720.270	Referee's Decision
2720.275	Labor Dispute Appeals
2720.277	Prehearing Conference In Labor Dispute Appeal

SUBPART D: APPEALS TO THE BOARD OF REVIEW

Section	
2720.300	Filing Of Appeal
2720.305	Notice Of Appeal
2720.310	Request For Oral Argument
2720.315	Request For Written Argument Or Additional Evidence
2720.320	Access To Record
2720.325	Withdrawal Of Appeal
2720.330	Consolidation Or Severance Of Appeals
2720.335	Decision Of The Board Of Review
2720.340	Extensions Of Time In Which To Issue A Board Of Review Decision
2720.345	Issuance Of Notice Of Right To Sue

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AUTHORITY: Implementing and authorized by Sections 239, 409, 500, 604, 700, 701, 702, 703, 705, 706, 800, 801, 803, 804, 805, 1000, 1001, 1002, 1004, 1200, 1700, 1701, 2300, 2301, 2302 and 2304 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 349, 409, 420, 450, 451, 452, 453, 455, 456, 470, 471, 473, 474, 474a, 500, 501, 502, 504, 530, 610, 611, 700, 701, 702 and 704, as amended by P. A. 86-0003, effective July 1, 1989).

SOURCE: Adopted at 8 Ill. Reg. 24957, effective January 1, 1985; amended at 10 Ill. Reg. 12620, effective July 7, 1986; amended at 11 Ill. Reg. 14338, effective August 20, 1987; amended at 11 Ill. Reg. 18671, effective October 29, 1987; amended at 12 Ill. Reg. 14660, effective September 6, 1988; emergency amendments at 13 Ill. Reg. _____, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. _____, effective _____.

NOTE: ORATOR TYPE DENOTES STATUTORY LANGUAGE

SUBPART A: GENERAL PROVISIONS

Section 2720.1 Definitions

All other terms used in this Part 2720-of-these-rules-shall have the meaning set forth in definitions, Sections 200 through 247 of the Unemployment Insurance Act (Ill. Reg. Stat. 19857, ch. 48, pars. 310 through 372), unless the context requires otherwise. Throughout this Part, the use of terms imparting the masculine gender shall also apply to the feminine gender.

"Act" means the Unemployment Insurance Act, as amended, (Ill. Rev. Stat. 19857, ch. 48, pars. 300 et seq.).

"Adjudicator" means the person authorized to make findings, determinations, or recommendations relating to a claimant's eligibility for unemployment insurance benefits.

"Agency" means the Department of Employment Security.

"Appellant" means a party who appeals an Agency finding, determination or decision.

"Appellee" means a party to a finding, determination or decision appealed by the appellant.

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"Board" means the Board of Review of the Department of Employment Security.

"Claimant" means a person who applies for benefits under the Act.

"Claim Series" means a week or series of consecutive weeks for which benefit or waiting week credit is granted.

"Claimant" means a person who applies for benefits under the Act.

"Customary occupation" means the work in which the individual was last engaged or the occupation for which he is best qualified by training, experience and education.

"Decision" means the ruling made by a Referee, the Director or the Board of Review with respect to any appeal from a finding or determination relating to rights or obligations under the Act or a ruling by an adjudicator that an employing unit's protest is insufficient.

"Determination" means An Adjudicator's statement of whether or not a claimant is eligible for benefits or waiting week credit, and the dollar amount of such benefits for each week with respect to which a claim is made; (Ill. Rev. Stat. 19857, ch. 48, par. 452).

"Director's Representative" means an employee of the Agency designated by the Director of Employment Security to conduct hearings and to recommend decisions to the Director.

"Employing unit" shall have the same meaning as that set forth in Section 204 of the Act (Ill. Rev. Stat. 19857, ch. 48, par. 314).

"Filing date" means the date a document was mailed to or received by the Agency, whichever is earlier.

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"Finding" means a statement by an Adjudicator of the amount of wages for insured work paid to a claimant during each quarter in the claimant's base period by each employer. (Ill. Rev. Stat. 19857, ch. 48, par. 451).

"Full-time work" is the number of hours a class of workers would customarily work if the employing unit had all of the work it could handle without working overtime. Except where the contrary is provided by a collective bargaining agreement or company policy, full time work is customarily 40 hours per week. For example, 37.5 hours per week is full time work for Illinois state employees because it is so provided by state personnel policy.

"Initial claim" means an application for benefits which, meeting all monetary eligibility requirements, commences a claim series.

"Local office" means the office of the Agency servicing claimants who live in a specific geographical area.

"Monetary Eligibility" means a claimant's eligibility for a weekly amount of unemployment insurance and the amount of dependency allowance, if any, based on the amount of qualifying wages paid.

"Nonmonetary Eligibility" means that the claimant has established monetary eligibility and has not been found ineligible or subject to disqualification under the Act from receiving unemployment insurance benefits.

"Part-time work" means services not normally required for the customary schedule of full time hours or days prevailing in the establishment in which such services are performed, or services performed by a person who, owing to his personal circumstances or the nature of the work he is qualified to perform, does not customarily work the schedule of full time hours or days prevailing in the establishment in which he is employed. (Ill. Rev. Stat. 19857, ch. 48, par. 407). Generally, part work will be less than 40 hours

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per week except where company policy or a collective bargaining agreement provides for a lesser number of hours per week as full time work. In such cases, part time work shall be work less than the number of full time hours set by the collective bargaining agreement or company policy.

"Part-total employment" means part-time work with an employing unit other than one's regular employing unit.

"Partial employment" means part-time work with one's regular employment unit.

"Party" means, with respect to issues of nonmonetary eligibility, the claimant and any employing unit which files a timely and sufficient protest pursuant to Section 2720.130 of this Part. Only a party under Section 702 of the Act may appeal a nonmonetary determination or decision of the Agency regarding eligibility for benefits. With respect to findings under Section 701 of the Act, "Party" means the claimant and any employer whose base period wages are in question. With respect to the issues of sufficiency and timeliness of a protest pursuant to Section 2720.130 of this Part, "Party" means only the employing unit which files the protest.

"Protest" means the Agency form, "Employer Notice of Possible Ineligibility," or a letter in lieu thereof, which alleges that the claimant is not entitled to unemployment insurance benefits.

"Referee" means the hearing officer authorized to conduct hearings on appealed Adjudicator findings, determinations or Recoupment decisions and to make decisions on the matters appealed.

"Regular employing unit" is either the employing unit for which an individual expects to continue working and to work full time if business warrants it, or any employing unit for which the individual worked full time for nine consecutive weeks during the preceding 52 weeks.

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"Service area" means a geographical area served by a local office.

"Services" means not only work actually performed, but the entire employer-employee relationship. Any attachment to an employing unit for which wages are payable constitutes a service for that employing unit.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

SUBPART B: APPLYING FOR UNEMPLOYMENT INSURANCE BENEFITS

Section 2720.130 Employing Unit Protest Of Benefit Payment

- a) A protest, ("Notice Of Possible Ineligibility" (BIS-22) or a letter in lieu thereof) raises questions of eligibility, entitles an employing unit to receive an Adjudicator's Determination regarding questions of eligibility raised, and if timely and sufficient as set out below, provides party status and appeal rights of such Determination relating to the protest.

1) The employing unit shall mail the protest within the later of ten calendar days after the date of notice shown on the Form "Notice of Claim to Last Employing Unit and Last Employer or Other Interested Party," (BIS-0031) or of the Form "Notice of Additional Claim," (BIS-0183) or of the Form "Notice to Interested Party," (BIS-0305P) or by the "Notice Date Due" shown on the first two of these forms, which has been mailed to it. If it employed the worker during his base period, the claimant meets the requirements of Section 500E of the Act, and none of the above forms has been mailed to it, the employing unit shall mail the protest, within ten calendar days after the date of the Form "Notice of Claim to Base Period-Period Employer," which has been mailed to it. The protest shall be mailed to the Director at the local office designated on the form received by the employing unit. If the employing unit mails the protest to an address other than the address designated on the form received by the employing unit, timeliness of the notice shall be measured from

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the date of receipt at the proper address instead of the postmark date.

- 2) The protest should include the names, addresses and telephone numbers of persons having knowledge of the facts and circumstances supporting the allegation whom the employing unit designates for the Agency to contact for further information. The protest must meet the sufficiency requirements of subsection (d).

b) Any employing unit may, at any time, file a protest alleging that acts or circumstances which may have occurred during the claims series should result in termination or suspension of the payment of benefits. A protest regarding possible ineligibility during a claim series is timely beginning with the week in which it is received. Because, during a claim series, acts or circumstances may occur which could result in ineligibility, an employing unit's protest with respect to those acts or circumstances will be deemed timely (irrespective of the ten day time limit set forth in subsection (a)) and will, if also sufficient, provide party status; except, if the employing unit protests that, under Section 500C of the Act, the individual was not able to work, available for work or actively seeking work, then (that part of) the employing unit's protest will not be deemed timely and will not provide party status for any week prior to the week in which it was received by the Agency. Whether or not a protest is deemed timely or an employing unit is provided party status, ineligibility is determined from the week in which the acts or circumstances occurred.

Example 1: The employing unit from which the individual was separated does not respond within 10 days of date of mailing of the Notice of Claim to Last Employer, Last Employing Unit or Other Interested Party. Later, during the claim series, the employing unit offers the individual suitable work that he refuses without good cause. The employing unit then protests, alleging that the individual should be ineligible under Section 603 of the Act, refusal of suitable work. This protest shall be deemed timely beginning with the week in which the refusal of work occurred.

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Example 2: During the third week of the claim series, the school district which employed the individual as a teacher during the last academic term offers him a contract to teach again in the next academic term. During the seventh week of the claims series, the school district protests that the individual should be ineligible under Section 612 of the Act. This protest shall be deemed timely as of the date that it is determined that the contract was offered to the individual.

Example 3: The individual has been receiving benefits for fourteen weeks. In the fifteenth week, his former employer hears that the individual may have been incapacitated by an injury beginning in week six of the claim series. The employer protests that the individual should be ineligible for benefits under Section 500C of the Act beginning with week six of the claim series. While the Agency will investigate this individual's eligibility for benefits beginning with week six, the employer will only be a party to the determination of eligibility beginning with the week in which the employer notifies the Agency of its allegation of possible ineligibility.

c) Where an employer alleges that an individual who was initially an unemployed individual but was later not unemployed under Section 239 of the Act, because the individual returned to work for the employer and continued to claim benefits, a protest shall be considered timely if filed within 45 days of the date the Agency mails the employer a Statement of Benefit Wages (BEN-118) which includes a period in which the employer alleges that the individual claimed benefits while he was employed by the employer.

d) As long as the employing unit gives a reason or reasons for the allegation and the reason(s) is directly related to the issue raised and is not a general conclusion of law, the allegation shall be considered sufficient. A protest under this Section is sufficient only if limited to one claimant, except as otherwise provided below, and only if it:

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1) Alleges on the protest that the claimant is not eligible for benefits or waiting week credit by providing material reasons or facts in support of the allegation, other than a conclusion of law, which would support the claimant being held ineligible for benefits; or,

A) EXAMPLE: SUFFICIENT - EMPLOYING UNIT'S PROTEST ALLEGES:

i) The claimant is not able to and available for work because she is in school.

ii) The claimant is not able to and available for work because he has no child care during working hours.

iii) The claimant is not able to and available for work because he has removed himself to an area of substantially less favorable work opportunities.

iv) The claimant is not able to and available for work because she is seeking part-time work.

v) The claimant is not able to and available for work because he is in an occupation for which there is demand in the labor market area.

B) EXAMPLE: NOT SUFFICIENT - EMPLOYING UNIT'S PROTEST ALLEGES:

i) The claimant is not actively seeking work. (General conclusion of law).

ii) The claimant is not available for work. (No reason given for allegation).

iii) The claimant is not able to and available for work because he was discharged from his last job. (Reason given is not related to the issue raised).

2) Alleges that the claimant is not eligible for benefits, because, in connection with any separation or layoff, the claimant has been or will be paid vacation pay, vacation pay allowance, or

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pay in lieu of vacation, in which event, the employing unit must designate, on the protest, within 10 calendar days after notification of the filing of his claim, or within 10 calendar days of the date such vacation pay is paid or payable, the period to which such pay is allocated. It is not necessary that a protest be filed for each individual vacation payment. No such designation is necessary for disqualification purposes, for vacation payments made during an announced period of shutdown for the purposes of inventory, vacation, or both; or alleges that the claimant is not eligible for benefits because he is unemployed due to his involvement in a labor dispute; and the employing unit, within 5 days of the start of the period of the work stoppage due to a labor dispute, provides the Agency with the name and Social Security number of each worker involved in the dispute. The list shall be filed with the Agency's Labor Dispute section. Upon receipt of the list, the Agency will mail a Labor Dispute Questionnaire to the employing unit and the union or representative of the employees involved in the labor dispute. The employing unit, union, and/or employee representative must respond to the questionnaire within 10 days. If the questionnaire is not received within 10 days, the Agency will issue a decision based on the information contained in the record at that time. The filing of the above list will constitute an allegation of possible ineligibility under the labor dispute provision (Section 604 of the Act) only and shall not be construed as an allegation of possible ineligibility under any other provision of the Act.

- e) In instances when the Agency determines that the protest has not met the sufficiency requirements of subsection (d)(1), the Agency shall immediately return the protest with a description of the needed information. If the protest with all required information is refiled within 10 days of the date the Agency mailed it back to the employing unit, the protest shall be considered filed on the date the Agency originally received it. In no event shall the Agency re-

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turn an inadequate protest more than once. In the event that a protest does not meet the sufficiency requirements of subsection (d)(1) after being returned to the employing unit once, the Adjudicator shall determine the protest to be insufficient. A Determination Decision that a protest is insufficient may be appealed pursuant to Section 2720.200.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

Section 2720.132 Required Notice By An Employer Of Separation For Alleged Felony Or Theft Connected With The Work

- a) Whenever an employer discharges an individual for an alleged felony or theft in connection with his work, the employer shall notify the Agency of the separation.

- b) The notification required by subsection (a) shall include the name of the individual discharged, his social security number, the name of the employer, its mailing address, its Illinois Employer Account Number, the date of separation and must be labelled "Employer's Notice of Separation For Alleged Felony Or Theft."

- c) If the notification required by subsection (a) meets the sufficiency requirements of Section 602B of the Act and is mailed to the Agency within at least 10 days after the date that the individual files his next claim for benefits, then such employer shall be a party to the Agency's determination of eligibility under Section 602B.

- d) The notification required by subsection (a) must be sent to:

Illinois Department of Employment Security
401 South State Street, 3 South
Chicago, IL 60605
Attn: Labor Dispute Unit.

(Source: Added at 13 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Disqualifying Income And Reduced Benefits

2) Code Citation: 56 Ill. Adm. Code 2920

3) Section Numbers:
2920.5 Proposed Action:
2920.65 Amended Section
2920.70 Repealed Section
2920.75 Repealed Section
2920.80 Repealed Section

4) Statutory Authority: Ill. Rev. Stat., 1987, ch. 48, pars. 344, 345, 349, 370, 401, 402, 430, 435, 436, 440, 441, 610 and 611, as amended by P. A. 86-0003, effective July 1, 1989.

5) A Complete Description of the Subjects and Issues Involved:
The rules had explained the Department's interpretation of the application of the various pension offset provisions of Section 611 of the Unemployment Insurance Act. However, the language of the statute is clear enough that it would serve no public interest for the rules to be updated. Therefore, they are being repealed.

6) Will the proposed rule replace an emergency rule currently in effect? Yes.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference? No.

9) Are there any other proposed amendments pending on this Part? No.

10) Statement of Statewide Policy Objectives? Not Applicable.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: All persons who submit a request to comment regarding this proposed amendment within 20 days after this notice has been published in the ILLINOIS REGISTER will be given a reasonable opportunity to submit data, views, arguments or comments. The request shall be addressed to:

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Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2nd Floor South
Chicago, IL 60605
312-793-4240

12) Initial Regulatory Flexibility Analysis:

Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: June 21, 1989.

Types of small businesses affected: All businesses subject to the Unemployment Insurance Act.

Reporting, bookkeeping or other procedures required for compliance: None.

Types of professional skills necessary for compliance: None.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 11874.

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1) Heading of the Part: Payment Of Unemployment Contributions, Interest And Penalties

2) Code Citation: 56 Ill. Adm. Code 2765

3) Section Numbers: Proposed Action:

2765.325 New Section

2765.326 New Section

2765.332 New Section

2765.333 New Section

2765.334 New Section

2765.335 New Section

4) Statutory Authority: Ill. Rev. Stat., 1987, ch. 48, pars. 382, 420, 431, 432, 433, 442, 444, 451, 550, 551, 552, 553, 554, 555, 572.1, 573, 578, 579, 610, 611 and 750, as amended by P. A. 86-0003, effective July 1, 1989.

5) A Complete Description of the Subjects and Issues Involved: These proposed amendments provide a detailed explanation of the Department's interpretation of the term chargeable employer, as the term is used in Section 1502.1 of the Act. The proposed amendments also explain the application of the various exceptions to the chargeable employer definition as provided in the Act. The proposed amendments also explain the effect of chargeable employer charging on various other Sections of the Act.

These proposed amendments replace amendments which were proposed on April 21, 1989 but withdrawn due to the recent amendment to the Unemployment Insurance Act.

6) Will the proposed rule replace an emergency rule currently in effect? Yes.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference? No.

9) Are there any other proposed amendments pending on this Part? Yes.

Section Numbers Proposed Action
2765.205 New Section

Ill. Reg. Citation
January 20, 1989
(13 Ill. Reg. 752)

10) Statement of Statewide Policy Objectives? Not Applicable.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: All persons who submit a request to comment regarding this proposed amendment within 20 days after this notice has been published in the ILLINOIS REGISTER will be given a reasonable opportunity to submit data, views, arguments or comments. The request shall be addressed to:

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2nd Floor South
Chicago, IL 60605
312-793-4240

12) Initial Regulatory Flexibility Analysis:

Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: June 21, 1989.

Types of small businesses affected: All businesses subject to the Unemployment Insurance Act.

Reporting, bookkeeping or other procedures required for compliance: None.

Types of professional skills necessary for compliance: None.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 11913.

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1) The Heading of the Part: MEDICAL PAYMENT

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Numbers: Proposed Action:

140.490 Amendment
 140.491 Amendment
 140.492 Amendment

4) Statutory Authority: Sections 5-1 et seq. and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 5-1 et seq. and 12-13)

5) A Complete Description of the Subjects and Issues Involved: This rulemaking removes prior approval for transportation for individuals residing in long term care facilities and clarifies existing policy.

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? Yes ☒ No ☐

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Section Numbers Proposed Action Illinois Register Citation

140.16 Amendment March 10, 1989
(13 Ill. Reg. 2937)

140.17 Amendment March 10, 1989
(13 Ill. Reg. 2937)

140.21 Amendment March 17, 1989
(13 Ill. Reg. 3295)

140.110 New Section July 15, 1988
(12 Ill. Reg. 11701)

140.400 Amendment December 16, 1988
(12 Ill. Reg. 20714)

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Section Numbers Proposed Action Illinois Register Citation

140.435 Amendment December 16, 1988
(12 Ill. Reg. 20714)

140.436 Amendment December 16, 1988
(12 Ill. Reg. 20714)

140.440 Amendment December 30, 1988
(12 Ill. Reg. 22329)

140.497 New Section May 19, 1989
(13 Ill. Reg. 7546)

140.569 Amendment April 21, 1989
(13 Ill. Reg. 5465)

140.642 Amendment November 28, 1988
(12 Ill. Reg. 19613)

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to Tom Toberman, Program Analysis and Development, Illinois Department of Public Aid, (address), Springfield, Illinois 62762 (telephone number). The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: June 29, 1989

B) Types of small businesses affected: Medical Transporters

C) Reporting, bookkeeping or other procedures required for compliance: Not applicable

D) Types of professional skills necessary for compliance: Not applicable

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The full text of the Proposed Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

- 140.1 Incorporation By Reference
140.2 Medical Assistance Programs
140.3 Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
140.4 Covered Medical Services Under GA and AMI
140.5 Medical Services Not Covered
140.6 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Infants Under Age One Year
140.8 Medical Assistance For Qualified Severely Impaired Individuals
140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
140.10 Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

Section

- 140.11 Enrollment Conditions for Medical Providers
140.12 Participation Requirements for Medical Providers
140.13 Definitions
140.14 Denial of Application to Participate in the Medical Assistance Program
140.15 Recovery of Money
140.16 Termination of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program

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Section
140.18 Effect of Termination on Individuals Associated with Vendor
140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
140.20 Submittal of Claims
140.22 Magnetic Tape Billings
140.23 Payment of Claims
140.24 Payment Procedures
140.25 Overpayment or Underpayment of Claims
140.26 Payment to Factors Prohibited
140.27 Assignment of Vendor Payments
140.28 Record Requirements for Medical Providers
140.30 Audits
140.35 False Reporting and Other Fraudulent Activities
140.40 Prior Approval for Medical Services or Items
140.41 Prior Approval in Cases of Emergency
140.42 Limitation on Prior Approval
140.43 Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.71 Drug Manual (Recodified)
140.72 Drug Manual (Recodified)
140.73 Drug Manual Updates (Recodified)

SUBPART C: HOSPITAL SERVICES

Section
140.94 Hospital Services (Recodified)
140.95 Participation (Recodified)
140.96 General Requirements (Recodified)
140.97 Special Requirements (Recodified)
140.98 Covered Hospital Services (Recodified)
140.99 Hospital Services Not Covered (Recodified)
140.100 Limitation On Hospital Services (Recodified)
140.101 Transplants (Recodified)
140.102 Heart Transplants (Recodified)
140.103 Liver Transplants (Recodified)
140.104 Bone Marrow Transplants (Recodified)
140.110 Disproportionate Share Hospital Adjustments (Emergency Expired)
140.116 Payment for Inpatient Services for GA (Recodified)
140.117 Hospital Outpatient and Clinic Services (Recodified)
140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)

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Section
140.203 Limits on Length of Stay by Diagnosis (Recodified)
140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350 Copayments (Recodified)
140.360 Payment Methodology (Recodified)
140.361 Non-Participating Hospitals (Recodified)
140.362 Pre July 1, 1989 Services (Recodified)
140.363 Post June 30, 1989 Services (Recodified)
140.364 Prepayment Review (Recodified)
140.365 Base Year Costs (Recodified)
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140.367 Inflation Adjustment (Recodified)
140.368 Volume Adjustment (Repealed)
140.369 Groupings (Recodified)
140.370 Rate Calculation (Recodified)
140.371 Payment (Recodified)
140.372 Review Procedure (Recodified)
140.373 Utilization (Repealed)
140.374 Alternatives (Recodified)
140.375 Exemptions (Recodified)
140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391 Definitions (Recodified)
140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section
140.400 Payment to Practitioners and Laboratories
140.410 Physicians' Services
140.411 Covered Services By Physicians
140.412 Services Not Covered By Physicians
140.413 Limitation on Physician Services
140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians
140.416 Optometric Services and Materials
140.417 Limitations on Optometric Services
140.418 Department of Corrections Laboratory
140.420 Dental Services

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140.421 Limitations on Dental Services
 140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy Items - Dentists
 140.425 Podiatry Services
 140.426 Limitations on Podiatry Services
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 140.464 Psychiatric Clinics (Hospital-based)
 140.465 Speech and Hearing Clinics
 140.466 Rural Health Clinics
 140.467 Independent Clinics
 140.469 Hospice
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 140.471 Home Health Covered Services
 140.472 Types of Home Health Services
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 140.474 Payment for Home Health Services
 140.475 Medical Equipment, Supplies and Prosthetic Devices
 140.476 Medical Equipment, Supplies and Prosthetic Devices for which Payment will Not Be Made

Section

140.477 Limitations on Equipment, Supplies and Prosthetic Devices
 140.478 Prior Approval for Medical Equipment, Supplies and Prosthetic Devices
 140.479 Approval of Medical Supplies
 140.480 Equipment Rental Limitations
 140.481 Payment for Medical Equipment, Supplies and Prosthetic Devices
 140.482 Family Planning Services
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 140.505 Continuation of Payment Because of Threat To Life
 140.506 Provider Voluntary Withdrawal
 140.507 Continuation of Provider Agreement
 140.510 Determination of Need for Group Care
 140.511 Services Provided Without Charge
 140.512 Utilization Control
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 140.521 Room and Board Accounts
 140.522 Reconciliation of Recipient Funds
 140.523 Bed Reserves
 140.524 Cessation of Payment Due to Loss of License
 140.525 Eligibility For Quality Incentive Program (QUIP)

SUBPART E: GROUP CARE

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Section	Quality Incentive Standards and Criteria for the
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140.527	Quality Incentive Survey
140.528	Payment of Quality Incentive
140.529	Reviews
140.530	Basic of Payment for Group Care Services
140.531	General Service Costs
140.532	Health Care Costs
140.533	General Administration Costs
140.534	Ownership Costs
140.535	Costs for Interest, Taxes and Rent
140.536	Organization and Pre-Operating Costs
140.537	Payments to Related Organizations
140.538	Special Costs
140.539	Nurse's Aide Training
140.540	Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
140.541	Salaries Paid to Owners or Related Parties
140.542	Cost Reports-Filing Requirements
140.543	Time Standards for Filing Cost Reports
140.544	Access to Cost Reports
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140.555	Minimum Wage
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140.562	Nursing Costs
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140.570	Capital Rate Component Determination
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140.573	Other Capital Provisions
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140.576	Renovations (Repealed)
140.577	Capital Costs for Rented Facilities (Renumbered)
140.578	Property Taxes
140.579	Specialized Living Centers

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Section	Mandated Capital Improvements
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140.581	Cost Adjustments
140.582	Campus Facilities
140.583	Illinois Municipal Retirement Fund (IMRF)
140.584	Audit and Record Requirements
140.590	Pre-Screening Assessment
140.642	In-Home Care Program
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140.645	Reimbursement for Developmental Training for the Mentally Retarded Who Reside in Long Term Care Facilities
140.646	Description of Developmental Training Service Levels Determination of the Amount of Reimbursement for Day Programming for the Mentally Retarded
140.647	Effective Dates of Reimbursement for Day Programs
140.648	Certification of Day Programs
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140.651	Effective Date Of Payment Rate
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SUBPART F: POINT COUNT GUIDELINES FOR ICF/MR AND SNF/PED FACILITIES

Section	Facility/Client Participation (Recodified)
140.850	Evaluation Of Need For Care (Recodified)
140.855	Payment (Recodified)
140.860	Definitions (Recodified)
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140.870	Intermediate Care (ICF/MR) (Recodified)
140.875	Skilled Care (SNF/PED) (Recodified)
140.880	Statewide Rates (Recodified)
140.885	Reimbursement for ICF/MR-15 and Under Facilities (Recodified)
140.890	Night Shift Reimbursement (Recodified)
140.895	Reimbursement For Program Costs (Active Treatment) For Clients in Long Term Care Facilities For the Developmentally Disabled (Recodified)

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140.900	Reimbursement For Nursing Costs For Geriatric Residents in Group Care Facilities (Recodified)
140.901	Functional Areas of Needs (Recodified)
140.902	Service Needs (Recodified)
140.903	Definitions (Recodified)
140.904	Times and Staff Levels (Repealed)
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140.908	Times and Staff Levels (Recodified)
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140.910	Referrals (Recodified)
140.911	Basic Rehabilitation Aide Training Program (Recodified)
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140.956	Payments to Contracting Hospitals (Recodified)
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140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964	Contract Monitoring (Recodified)
140.966	Transfer of Recipients (Recodified)
140.968	Validity of Contracts (Recodified)
140.970	Termination of ICARE Contracts (Recodified)
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TABLE B	Health Service Areas

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Section	
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TABLE D	Schedule of Dental Procedures
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TABLE G	Travel Distance Standards
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TABLE J	HSA Grouping

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13).

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 22, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being

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codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective May 28, 1985; amended at 9 Ill. Reg. 8677, effective June 5, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12306, effective July 24, 1985; amended at 9 Ill. Reg. 13998, effective August 5, 1985; amended at 9 Ill. Reg. 14684, effective September 3, 1985; amended at 9 Ill. Reg. 15503, effective September 13, 1985; amended at 9 Ill. Reg. 16312, effective October 4, 1985; amended at 9 Ill. Reg. 19138, effective October 11, 1985; amended at 9 Ill. Reg. 19737, effective December 2, 1985; amended at 9 Ill. Reg. 238, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill.

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Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140. Table H and 140. Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147. Table A and 147. Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989;

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Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572.; amended at 13 Ill. Reg. 9572, effective July 1, 1989; amended at 13 Ill. Reg. 9572, effective _____.

Section 140.490 Medical Transportation (Cont'd.)

- 6) Other modes of transportation (bus, train, airplane, etc.).

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

- b) Payment for the provision of transportation to and from the source of medical care shall be made only when:

Section 140.490 Medical Transportation

- b) Payment for medical transportation shall be made when:

- a) Payment for medical transportation shall be made to an individual or public or private transportation carrier who provides the appropriate form of transportation and who bills and receives payment from the general public and other third party payors (except for private autos pursuant to Section 140.490(a)(5)). Eligible providers to be considered for payment include:

Transportation is provided to or from a source of medical care. Medical care is defined as any medical service covered under the Medical Assistance Program. Transportation will be provided for covered medical services even when the medical service is provided free of charge, such as the Veteran's Administration.

- 1) Ambulance providers who hold a valid license from the Secretary of State (see Ill. Rev. Stat. 1985 1987, ch. 95 1/2, pars. 3-401 and 8-101.1) and pass health/safety inspections annually by the Department of Public Health (see Ill. Rev. Stat. 1985, ch. 111 1/2, par. 5509). Vehicles operated by municipalities must meet the certification requirements contained in 77 Ill. Adm. Code 535, Subpart C, by July 1, 1987. The Department will grant exceptions to this requirement if the municipality can demonstrate that the Illinois Department of Public Health has granted a waiver or exception to such requirements.

- 1) The client's physical condition requires transport to or from the source of medical care by other than an emergency vehicle because of a physical handicap which prevents the client from using conventional transportation services or because of the unavailability of conventional transportation services; or

- 2) The need for transportation is predictable on-going and necessary; or

- 3) The transportation is needed for medical services; or

- 4) The need is of an emergency nature necessitating the immediate use of an ambulance or other transportation vehicle which might satisfy this immediate need to the medical care source; or

- 5) The transportation is needed for drug or alcohol treatment/rehabilitation programs.

- c) Payment shall not be made for medical transportation when a cost-free means of transportation is available.

- 1) It is provided by a recipient's legally responsible relative or by another recipient of any public assistance program administered by the Department of Public Aid; or

- 2) Medicar vehicles licensed by the Secretary of State (see Ill. Rev. Stat. 1985 1987, ch. 95 1/2, pars. 3-401 and 8-101.1).

- 3) Taxicabs licensed by the Secretary of State and where applicable by local regulatory agencies (see Ill. Rev. Stat. 1985 1987, ch. 95 1/2, pars. 3-401 and 8-101).

- 4) Service cars licensed as livery cars by the Secretary of State and where applicable by local regulatory agencies (see Ill. Rev. Stat. 1985 1987, ch. 95 1/2, pars. 3-401, 8-101).

- 5) Private auto.

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Section 140.490 Medical Transportation (Cont'd.)

- 2) A cost-free means of transportation is available
(Source: Amended at 13 Ill. Reg. ___, effective ___,)

Section 140.491 Limitations on Medical Transportation

- a) In order for payment to be made, the transportation provided must be the least expensive type which is adequate to meet the individual's need. When public transportation is available and is a practical form of transportation, payment will not be made for a more expensive mode of transportation.
- b) Approval from the Department is required prior to providing transportation to and from the source of medical care, except: for transportation provided in emergency situations. When approval is sought for subsequent trips to the same medical provider, the client's physician or other medical provider must supply the local office with a brief written statement describing the nature of the need, the necessity for on-going visits, already established appointment dates and the number and expected duration of the required on-going visits.

- 1) For transportation provided by an ambulance in emergency situations.

- 2) For individuals residing in a long term care facility.

- 3) For transportation provided by an ambulance for an individual who is transported from one hospital to a second hospital for services not available at the sending hospital.

- c) When approval is sought for subsequent trips to the same medical service, the client's physician or other medical provider must supply the local office with a brief written statement describing the nature of the need, the necessity for on-going visits, already established appointment dates and the number and expected duration of the required on-going visits. An on-going approval, with a duration of up to six

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Section 140.490 Medical Transportation (Cont'd.)

months, may be obtained when subsequent trips to the same medical source are required.

(Source: Amended at 13 Ill. Reg. ___, effective ___,)

Section 140.492 Payment for Medical Transportation

- a) Payment for transportation services provided by Medicare Service-Caregiver and individuals or groups who are not legally responsible relatives or household members) other than a common carrier shall be paid according to the Department's established rates which are determined in part based on the market value and costs of providing these services. Each provider type is paid a base rate, a mileage rate and a fixed amount for non-routine services provided (e.g., an additional attendant). Total loaded miles shall be reimbursed for ambulance-taxicab and individual private-auto trips. Loaded miles after ten (10) miles (twenty miles round trip) shall be reimbursed for Medicare and service-car trips. In no case shall rates exceed the Medicare charge level, where Medicare charge levels where applicable or the rate charged the general public.

Payment for medical transportation services shall be made in accordance with the methodologies outlined in this section. In no case shall rates exceed the Medicare charge level, where applicable, or the rates charged to the general public.

- a) Medicare shall be paid a base rate, mileage rate and a fixed amount for nonroutine services (e.g., an additional attendant). Loaded miles after ten (10) miles (twenty [20] miles round trip) shall be reimbursed.

- b) Service cars shall be paid a base rate and a mileage rate. Loaded miles after ten (10) miles (twenty [20] miles round trip) shall be reimbursed.

- c) Private autos shall be paid for loaded miles at a mileage rate.

- b+d) Payment for transportation services provided by common carrier, (e.g., taxicabs, air lines, buses, trains) shall be at the usual community rate.

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Section 140.492 Payment for Medical Transportation (Cont'd.)

Section 140.492 Payment for Medical Transportation (Cont'd.)

e)e) The Department shall pay for medically necessary ambulance services provided in accordance with Section 140.490 at a basic rate, loaded miles, oxygen, and Advanced Life Support services when required. Rates shall be reviewed beginning November 1, 1986, and each November thereafter, according to the methodology set forth in subsections (1) through (4) below. Revised rates pursuant to this methodology shall be effective with services provided on or after July 1 of the succeeding year.

f) Payment for medical transportation services provided by individuals, including those currently receiving public assistance, legally responsible relatives, or household members will be made at a loaded mileage rate.

(Source: Amended at 13 Ill. Reg. _____, effective _____)

1) Payment shall be made at a basic rate which is provider specific. The basic rate shall be the lesser of the provider's usual and customary charge to the general public (as reflected on the provider's claim form), or 80% of the 50th percentile of the Medicare prevailing charge for Basic Life Support for the designated Medicare Locality, except that any basic rate previously approved by the Department which exceeds these parameters shall remain in force. The rate of annual increase shall not exceed 5%.

2) Payment for loaded miles, i.e., those miles for which the provider is actually transporting an individual, shall be at a rate per mile. The rate per mile shall be 50% of the 50th percentile of the Medicare prevailing mileage charge for Medicare Locality 16. The annual rate of increase shall not exceed 5%.

3) Payment for oxygen shall be made at a flat rate statewide. The rate shall be 50% of the 50th percentile of the Medicare prevailing charge for Medicare Locality 16. The annual rate of increase shall not exceed 5%.

4) Payment for Advanced Life Support services shall be at the lesser of the provider's usual charge, or a maximum allowable rate statewide. The maximum rate shall be 80% of the difference between the Medicare 50th percentile prevailing charge for Basic Life Support services and Advanced Life Support services for Medicare Locality 16. The annual rate of increase shall not exceed 5%.

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1) Heading of the Part: Eligibility2) Code Citation: 89 Ill. Adm. Code 552

<u>Section Numbers:</u>	<u>Proposed Action:</u>
552.35	amendment
552.50	amendment
552.60	amendment
552.80	amendment
552.90	amendment

4) Statutory Authority: Sections (a), (b), and (k) of "AN ACT in relation to rehabilitation of disabled persons" (Ill. Rev. Stat. 1987, ch. 23, pars. 3434(a), (b), and (k)).

5) A Complete Description of the Subjects and Issues Involved: Section 552.35 is proposed to promulgate the criteria for interim eligibility.

The proposed amendment for Section 552.50 incorporates a language change to emphasize that a vocational and aptitude test is not required for a preliminary diagnostic study.

The proposed amendment for Section 552.60 is being proposed to remove "by a licensed physician or a physician's assistant" from the general medical information requirement because in many cases general medical information can be updated in interviews with the client, which negates the need for a current physical examination.

Section 552.80 is being amended to correct a reference to 89 Ill. Adm. Code 510.

Section 552.90 is being amended to reflect a change in terminology in the Rehabilitation Act of 1973.

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date?
Yes ☒ No

8) Does this proposed rule (amendment, repealer) contain incorporations by reference? No

9) Are there any other amendments pending on this Part? Yes

Section Numbers Proposed Action Illinois Register Citation
552.40 amendment 13 Ill. Reg. 277, 01/13/89

10) Statement of Statewide Policy Objectives (if applicable):
Not Applicable

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: All persons who submit a written request to comment within fourteen (14) days after this notice has been published shall be given a reasonable opportunity to submit data, views, argument or comments about this rulemaking. All such submissions shall be made within forty-five (45) days after this notice has been published. Any comments submitted within forty-five (45) days after this notice has been published will be considered by the Department. All requests and comments should be submitted in writing to:

Ms. Leigh Reed
Regulations and Procedures Section
Department of Rehabilitation Services
P.O. Box 19429
Springfield, Illinois 62794-9429
Telephone number: (217) 785-3896
T.D.D.: (217) 782-5734

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis: The Department has determined that this rulemaking will not effect small businesses.

The full text of the Proposed Rule(s) begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF REHABILITATION SERVICES
SUBCHAPTER b: VOCATIONAL REHABILITATION

PART 552
ELIGIBILITY

Section	General Applicability
552.10	Eligibility Determination
552.20	Criteria for Eligibility
552.30	Criteria for Interim Eligibility
552.35	Comprehensive Diagnostic Study
552.40	Preliminary Diagnostic Study
552.50	Requirement for Current General Medical Information
552.60	Requirements for Mental Health Evaluation
552.70	Comprehensive Diagnostic Study Decision
552.80	Thorough Diagnostic Study
552.90	Order of Selection
552.100	Criteria for "Severely Handicapped"
552.110	Certification of Eligibility
552.120	

AUTHORITY: Implementing and authorized by Sections 3(a),(b), and (k) of "AN ACT in relation to rehabilitation of disabled persons" (Ill. Rev. Stat. 1987, ch. 23, pars. 3434(a),(b), and (k)).

SOURCE: Adopted at 9 Ill. Reg. 8792, effective June 10, 1985; amended at 11 Ill. Reg. 2846, effective January 27, 1987; amended at 12 Ill. Reg. 3715, effective January 15, 1988; amended at 12 Ill. Reg. 9711 effective May 23, 1988; amended at 11 Ill. Reg. _____, effective _____.

Section 552.35 Criteria for Interim Eligibility

a) Prior to the completion of the eligibility determination, interim eligibility may be established when it is anticipated that eligibility can be determined within 90 calendar days of the date of Certification of Eligibility for Interim Services ("Certification") based on the following criteria:

- 1) presence of severe physical or mental disability which results in a substantial handicap to employment, based on at least one of the following:

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- A) a disability observable by the counselor, e.g. amputation, paraplegia, blindness;
- B) counselor contact with physicians, psychologists, or other medical professionals;

C) information from a previous vocational rehabilitation file;

D) applicant's self report (including description of disability and functional limitations to employment); and/or

E) verbal or written reports from employers, professionals from other agencies, family members, etc; and

- 2) the client has the ability to prepare for, obtain and maintain employment. This determination will be based on the information available to the counselor, e.g. grade transcripts; workshop reports; work, medical and personal histories.

b) The Client Financial Analysis will be completed prior to the initiation of interim services and the client will be subject to all financial requirements of formal service provision (89 Ill. Adm. Code 562).

c) Interim eligibility will begin with the date of Certification and may not exceed 90 calendar days. Only one period of interim eligibility will be allowed during the life of the case.

d) During interim eligibility, clients may receive any vocational rehabilitation service in accordance with policy for formal service provision (89 Ill. Adm. Code: Chapter IV, Subchapter b) with the exception of a Business Enterprise Program.

e) Services on the Individualized Written Rehabilitation Program (IWRP) for interim eligibility will be terminated no later than the end of the interim eligibility period, at which time one of the following must occur:

- 1) the client is determined to be eligible and services begin under a new IWRP (89 Ill. Adm. Code 552.30);

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- 2) the client is determined to be ineligible for services, interim services will be terminated, and the client will be informed of the intent to close the case and the availability of Client Assistance Program services (89 Ill. Adm. Code 617.20);
- 3) extended evaluation is necessary to determine reasonable expectation exists and an IWRP for extended evaluation will be initiated (89 Ill. Adm. Code 552.80); or
- 4) eligibility has not been determined and all services, except diagnostics to determine eligibility, shall cease (89 Ill. Adm. Code 552.40).

(Added at ___ Ill. Reg. ___, effective ___)

Section 552.50 Preliminary Diagnostic Study

The Preliminary Diagnostic Study shall consist of medical and psychological examinations, an evaluation by the counselor of the medical and psychological information in file, and a vocational assessment consisting of which may include vocational interest and aptitude testing to determine:

- a) whether the individual has a physical or mental disability which for that individual constitutes or results in a substantial handicap to employment, and
- b) whether VR services may reasonably be expected to benefit the individual in terms of employability.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Section 552.60 Requirement for Current General Medical Information

The preliminary diagnostic study must include a current review of general health status, by a licensed physician or a physician's assistant licensed pursuant to the Physician's Assistant Practice Act (Ill. Rev. Stat. 1987, ch. 111, Pars. 4761 et seq.).

(Source: Amended at ___ Ill. Reg. ___, effective ___)

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Section 552.80 Comprehensive Diagnostic Study Decision

- a) Upon receipt of the information collected from the preliminary diagnostic study, the counselor will make one of the following decisions using the standards set forth in Section 552.30(a):

- 1) if a determination of whether vocational rehabilitation services might benefit the individual in terms of employability cannot be made, a certification authorizing an extended evaluation will be issued. An extended evaluation is a period of time required to evaluate rehabilitative potential, but not to exceed 18 months. The counselor shall review the case file information at least every 90 days to determine if the client meets the eligibility criteria contained in Section 552.30(a).
- 2) the applicant is eligible.
- 3) the applicant is ineligible.
- 4) case closure for reason other than ineligibility (see 89 Ill. Adm. Code 617.20).

- b) The client can appeal this decision, as set forth in 89 Ill. Adm. Code 512.510.

(Source: Amended at Ill. Reg. ___, effective ___)

Section 552.90 Thorough Diagnostic Study

When After an individual's has been determined eligible for vocational rehabilitation services, has been determined, there is will be a Thorough Diagnostic Study to determine the nature and scope of services needed by the individual. The counselor will determine the extent of the Thorough Diagnostic Study based on the client's physical or mental disabilities and the results of the preliminary diagnostic study.

- a) This Study is a comprehensive evaluation, in all cases to the degree needed, of the individual's employability, personality, intelligence level, educational achievement, work experience, personal, vocational, and social adjustment, employment

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opportunities, recreational opportunities, and other pertinent data helpful in determining the nature and scope of services needed.

- b) The Study shall also include, as appropriate for each individual, an appraisal of the individual's pattern of work behavior, ability to acquire occupational skills, and capacity for successful job performance, and the need for rehabilitation engineering services.

(Source: Amended at Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Tax Increment Allocation Financing
2) Code Citation: 86 Ill. Adm. Code 525

3) Section Numbers: 525.103
Proposed Action: New Section

- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 24, par. 11-74.4-1

5) A Complete Description of the Subjects and Issues Involved: This Section sets forth the Department's policies with regard to the Department's determinations of continued eligibility for state sales tax distributions to participating municipalities authorized by the Tax Increment Allocation Redevelopment Act.

- 6) Will this proposed rule replace an emergency rule currently in effect?
Yes

- 7) Does this rulemaking contain an automatic repeal date? Yes ☐ No ☒

- 8) Does this amendment contain incorporations by reference? No

- 9) Are there any other amendments pending on this Part? No

- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1987, ch. 85, par. 2203(b)).

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

Pete Gudmundson
Illinois Department of Revenue
101 West Jefferson
Springfield, Illinois 62794
217/785-6701

- 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Small Business Office of the Department of Commerce and Community Affairs: June 28, 1989
B) Types of small businesses affected: All small business within TIF District.
C) Reporting, bookkeeping or other procedures required for

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compliance: Compliance documentation.

- D) Types of professional skills necessary for compliance: Planning and economic development.

The full text of the Proposed Amendment(s) begins on the next page:

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TITLE 86: REVENUE

CHAPTER I: DEPARTMENT OF REVENUE

PART 525

TAX INCREMENT ALLOCATION FINANCING

Section

525.101 Tax Increment Allocation Financing

525.102 Preliminary Compliance Review (Emergency Expired)

525.103 Certification of Continued Eligibility for State Sales Tax Increment

AUTHORITY: Implementing and authorized by the Tax Increment Allocation Redevelopment Act (Ill. Rev. Stat. 1987, ch. 24, par. 11-74.4-1 et seq.)

SOURCE: Emergency rules adopted at 10 Ill. Reg. 20264, effective November 25, 1986, for a maximum of 150 days; adopted at 11 Ill. Reg. 11544, effective June 18, 1987; emergency amendment at 12 Ill. Reg. 16268, effective September 27, 1988, for a maximum of 150 days; emergency expired February 23, 1989; emergency amendment at 13 Ill. Reg. 5788, effective April 12, 1989; amended at Ill. Reg. _____, effective _____.

Section 525.103Certification of Continued Eligibility for State Sales Tax Increment

- a) Pursuant to Section 11-74.4-8a of the Tax Increment Allocation Redevelopment Act (Act) (Ill. Rev. Stat. 1987, ch. 24, par. 11-74.4-1 et seq.) the Illinois Department of Revenue (Department) is required to determine whether municipalities which have elected to receive annual distributions of net state sales tax increment authorized by the Act are eligible to continue to receive such distributions after July 1, 1989. The Department's authority is limited to making an independent determination as to whether redevelopment project areas meet the standards stated in Section 11-74.4-8a(9)(a) of the Act. No findings made by the Department pursuant to this Section are intended to comment or reflect in any way upon the legality or advisability of any specific redevelopment project or plan.

- b) Preliminary Notice of Deficiency. Every municipality which received a Notice of Review pursuant to Section 525.102 will receive a Preliminary Notice of Deficiency. A Preliminary Notice of Deficiency specifies that, for each redevelopment project area within its boundaries, a municipality must take the following action in order for the Department to issue a Certificate of Eligibility to Receive State Sales Tax Increment (Certificate of Eligibility):

- 1) Municipalities which have one or more redevelopment project areas which are not in compliance with the limiting standards set forth in Sections 11-74.4-8a(9)(a)(1) and (2) of the Act must amend their redevelopment project area boundaries to meet those standards.

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- 2) For each redevelopment project area, including those that must be amended to meet the statutory standards, municipalities must submit the information specified by the Department documenting that the redevelopment project area meets the definitions of blighted or conservation areas as set forth in Section 11-74.4-3 of the Act.

- c) The Department will apply the standards set forth in Sections 11-74.4-8a(9)(a)(1) and (2) of the Act as follows:

- 1) Only those redevelopment project areas created, or whose boundaries were amended, in 1986 will be subject to the standards;
- 2) The geographical boundaries used in determining the areas, equalized assessed valuations and sales tax revenues, and redevelopment project areas will be those in effect on July 29, 1988, the effective date of P.A. 85-1142, which instituted the Department's review responsibility under the Act;

- 3) The equalized assessed values and amounts of sales tax collected shall be those reported for 1985.

- d) To meet the definition of a blighted or conservation area, a redevelopment project area must be composed of those contiguous parcels substantially benefited by the proposed redevelopment project improvements. An appropriate number of the blighting factors and conditions set forth in Section 11-74.4-3 of the Act must have been present in the redevelopment project area when it was designated as such. For a conservation area, there must have been a probability that the redevelopment project area was in danger of becoming a blighted area. In addition, these factors and conditions must have been present to a meaningful extent, and must have been reasonably distributed throughout the redevelopment project area. Finally, the existence of the blighting factors and conditions must have been such as to support a finding that the redevelopment project area would not reasonably be developed without the use of state sales tax increment. For purposes of making the foregoing determinations the following definitions shall apply:

- 1) The existence of any of the following factors in a redevelopment project area at the time of its creation is an indication that blight was present, and, if present in combination with a sufficient number of other factors, supports the classification of the area as a blighted area or conservation area:

- A) Age - a majority of the structures more than 35 years old. For this factor "structures" means buildings, except for small, ancillary buildings designed for use or used

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primarily for storage or the conduct of incidental functions. When used as a factor in identifying a blighted area, as distinguished from a conservation area, age can also mean the functional unsuitability of structures or site improvements due to the passage of time, even if the structures or site improvements are less than 35 years old;

- B) Dilapidation - an advanced state of disrepair, with critical defects in primary structural components (roof, bearing walls, floor structure, and foundation), building systems (heating, ventilation, lighting, and plumbing), and secondary structural components in such combination and extent that major repair is required, or the defects are so serious and so extensive that the structure must be removed. Structures that are characterized as dilapidated cannot also be classified as deteriorated or lacking physical maintenance;

- C) Obsolescence - the condition of falling into disuse because of: characteristics limiting the use and marketability of structures; persistent or chronic market rejection; parcels of a size or shape rendering planned development in a manner compatible with contemporary standards difficult. Obsolescence may be present in site improvements (e.g. utilities, roadways) as well as structures;

- D) Deterioration - physical deficiencies or disrepair in buildings or site improvements requiring treatment or repair beyond normal maintenance;

- E) Presence of Structures Below Minimum Code Standards - structures which do not meet the standards of zoning, subdivision, building, housing, property maintenance, fire, or other governmental codes applicable to the property;

- F) Illegal Use of Individual Structures - use of structures in violation of applicable national, state, or local laws;

- G) Excessive Vacancies - buildings which are unoccupied or underutilized and which represent an adverse influence on the area because of the frequency, extent, or duration of such vacancies. Abandoned buildings cannot be characterized as having excessive vacancies;

- H) Lack of Ventilation, Light, or Sanitary Facilities - structures which fail to provide adequate ventilation,

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light, or sanitary facilities as required by local building or housing codes;

- I) Inadequate Utilities - underground and overhead utilities which are of insufficient capacity to serve the redevelopment project area; deteriorated, antiquated, obsolete, or in disrepair; or lacking;
- J) Excessive Land Coverage - ratio of floor area to lot area in excess of zoning standards;
- K) Overcrowding of Structures and Community Facilities - over-intensive use of property and the crowding of buildings and accessory facilities onto a site, resulting in hazards such as increased threat of spread of fires due to close proximity of buildings, or lack of proper access to a public right-of-way;
- L) Deleterious Land-Use or Layout - incompatible land-use relationships, buildings occupied by inappropriate mixed-uses, or uses which may be considered noxious, offensive, or environmentally unsuitable;
- M) Depreciation of Physical Maintenance - the effects of deferred maintenance and the lack of maintenance of buildings, improvements, and grounds;
- N) Lack of Community Planning - initial development of the project area prior to or without the existence or benefit of a community plan, or the application of appropriate planning procedures;
- O) Abandonment - the relinquishment of possession with the intent not to resume ownership, possession, or enjoyment. This factor may only be used when designating a conservation area.

2) To be considered "vacant" land which was properly classified as a blighted area, land must have met the following conditions:

- A) It must have been a parcel or combination of parcels of real property without industrial, commercial, or residential buildings;
- B) It must not have been used for commercial agricultural purposes within five years prior to its inclusion in a redevelopment project area, except that land which is included in an industrial park conservation area or which

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has been subdivided is not subject to this restriction.

- 3) Contiguous - parcels are contiguous if they are contained within a single perimeter boundary. Multiple omissions of individual parcels within the state sales tax boundary are discouraged;
- 4) Substantially Benefitted - parcels are substantially benefited by redevelopment project improvements if they are included within the site of a redevelopment project, or are in such physical proximity to the redevelopment project that the parcels are beneficially affected, considering the scope and nature of the projects, beyond the benefit that accrues to a community as a whole from any redevelopment activity;
- 5) Present to a Meaningful Extent - a blighting factor is present to a meaningful extent within a redevelopment project area if its existence is detrimental to the public safety, health, morals or welfare of an improved area, or, if in a vacant area, it impairs the sound growth of the taxing district in which it is located;
- 6) Reasonably Distributed - to determine whether blighting factors are reasonably distributed throughout a redevelopment project area it is not necessary that every parcel within the area be blighted. However, any parcels, tracts, or lots which contain fewer than the requisite number of blighting factors may be included within a blighted area or conservation area only if the inclusion of such land is reasonably necessary to carry out the redevelopment plan. Large parcels or lots of improved or vacant land must include a reasonable distribution of factors throughout the parcel or lot. In addition, in designating a conservation area, "age" as an eligibility factor must be reasonably distributed throughout the entire redevelopment project area;
- 7) A finding that a redevelopment project area would not reasonably be developed without the use of state sales tax increment is not warranted in cases where significant private development had recently occurred or was in the process of occurring at the time the redevelopment project area was created, or in cases where significant private development had recently occurred or was in the process of occurring in areas in close proximity to the redevelopment project area, unless a reasonable basis exists for distinguishing the development potential of the redevelopment project area and the nearby area.

e) Responding to the Preliminary Notice of Deficiency.

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- 1) Within 30 days of the receipt of a Preliminary Notice of Deficiency, a municipality should inform the Department that it intends to take the action indicated in the notice.
- 2) Within 120 days of the receipt of a Preliminary Notice of Deficiency, a municipality shall inform the Department of the actions it has taken to cure the deficiencies set forth in the notice. Municipalities should be aware that actions taken in response to the Preliminary Notice of Deficiency may be subject to the notice and public hearing requirements of the Act, and that the issuance of a Certificate of Eligibility by the Department is expressly conditioned upon compliance with those requirements.
- 3) Municipalities which, in order to cure the deficiencies set forth in the Preliminary Notice of Deficiency, take action requiring the conducting of a public hearing and/or adoption or amendment of one or more municipal ordinances may, prior to taking such action, obtain the Department's opinion as to whether the proposed action would result in a redevelopment project area which meets the standards of Sections 11-74.4-8a(9)(a) or (b) of the Act. The Department will be bound by written opinions it renders regarding specific boundary amendments. However, such a written opinion does not in itself constitute a Certificate of Eligibility.
- f) The Department will carefully consider all documentation submitted by a municipality, and any other relevant information available to the Department, to determine whether the municipality meets the conditions for eligibility to receive state sales tax increment payments. Within 30 days of the receipt of all necessary documentation the Department will issue a Certificate of Eligibility or a Final Notice of Deficiency. A Final Notice of Deficiency will specify the reasons why a redevelopment project area fails to meet the eligibility requirements of the Act.

g) Procedure after issuance of Final Notice of Deficiency.

- 1) Within 30 days after receiving a Final Notice of Deficiency a municipality may protest the Department's determination and request a hearing. Such hearing shall be conducted in accordance with Sections 10, 11, 12, and 14 of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1987, ch. 127, par. 1001 et seq.). A request for a hearing must be in writing, and shall be sent to the Illinois Department of Revenue, TIF Program, 101 W. Jefferson, Springfield, Illinois, 62794.

- 2) If, within 21 days of mailing a Final Notice of Deficiency, the Department determines that, because of a failure to consider relevant documentation or for other reasonable cause the Final Notice of Deficiency should not have been issued, the Department will rescind the Final Notice of Deficiency. However, the fact that the Department may rescind a Final Notice of Deficiency has no effect on the requirement that a municipality wanting to protest the issuance of a Final Notice of Deficiency must submit a written request for a hearing within 30 days of the date the municipality receives the Final Notice of Deficiency.

(Source: Added at Ill. Reg. _____, effective _____)

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1) Heading of Part: Community Care Program

2) Code Citation: 89 Ill. Adm. Code 240

3) Section Numbers:

Section Numbers	Adopted Action:
240.110, 240.120	Amendment
240.150	Repeal
240.160	New Section
240.210, 240.220, 240.230, 240.240	Amendment
240.250	Amendment
240.260, 240.270, 240.280	New Section
240.300, 240.310, 240.330, 240.340	Amendment
240.350, 240.360, 240.400, 240.410	Amendment
240.415, 240.425, 240.430, 240.435	Amendment
240.445, 240.450, 240.455, 240.460	Amendment
240.465, 240.470, 240.480, 240.485	Amendment
240.510, 240.520	Renumbered and amendment
240.530, 240.600, 240.610, 240.620	Amendment
240.630, 240.640, 240.650	Amendment
240.655	Renumbered and amendment
240.660, 240.710, 240.715, 240.720	Amendment
240.725, 240.730, 240.735, 240.740	Amendment
240.750, 240.755, 240.760, 240.800	Amendment
240.810, 240.815, 240.820, 240.825	Amendment
240.830, 240.835, 240.855, 240.860	Amendment
240.865, 240.870, 240.875, 240.905	Amendment
240.910, 240.915, 240.920	Amendment
240.925	Renumbered
240.930, 240.935	New Section
240.940, 240.945, 240.950, 240.1010	Amendment
240.1020	Amendment
240.1040, 240.1050	New Section
240.110, 240.1120, 240.1130	Repealed, New Section
240.1160, 240.1170, 240.1180	New Section
240.1210, 240.1310, 240.1320	Amendment
240.1330, 240.1396, 240.1397, 240.1398	Repealed
240.1399, 240.1510, 240.1520, 240.1530	Amendment
240.1535, 240.1540, 240.1545, 240.1550	Amendment
240.1555, 240.1560	Amendment
240.1565, 240.1570, 240.1575, 240.1580	New Section
240.1590, 240.1600, 240.1605, 240.1610	New Section
240.1620, 240.1625, 240.1630	New Section
240.1635, 240.1640, 240.1645, 240.1650	New Section
240.1655, 240.1660, 240.1665, 240.1800	New Section
240.1850, 240.1910, 240.1920, 240.1930	New Section
240.1940, 240.1950, 240.2020	New Section
240.2030, 240.2040, 240.2050	New Section

4) Statutory Authority: Ill. Rev. Stat., 1987, Ch. 23, Sections 6104.01(4), (9), (11), and (12); 6104.02, 6104.03, and 6105.025) Effective Date of Amendments: July 1, 19896) Does this rulemaking contain an automatic repeal date? No7) Does this amendment contain incorporations by reference? No8) Date Filed in Agency's Principal Office: June 23, 19899) Notice of Proposal Published in Illinois Register:July 1, 1988, 12 Ill. Reg. 10821
(Issue Date)10) Has JCAR issued a Statement of Objections to these Rules? YesA) Statement of Objection: June 23, 1989 13 Ill. Reg. 9594
(issue date)B) Agency Response: July 14, 1989, 13 Ill. Reg. 11956
(issue date)C) Date Agency Response Submitted for Approval to JCAR: June 23, 198911) Differences between proposal and final version:

The following changes have been made to the proposed amendments:

Section 240.110:

in the last sentence, "the Director of" has been deleted and "to be" has been inserted following "Department".

Section 240.160:

the following definitions have been added and placed in correct alphabetical order:

"Adjusted rate" means a rate other than the established fixed rate of reimbursement.

"Administrative corrections" means allowable revisions to a proposal permitted and/or performed by the Department in cases

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of apparent clerical mistakes and in cases where the applicant/Department has reason to believe a mistake may have been made and verification from the applicant has been provided. Such actions shall be taken prior to award.

"Administrative costs" means those allowable costs related to the management and organizational maintenance of the vendor.

"Allowable costs" means those cost categories, as delineated in Section 240.2050, which will be considered in setting a fixed rate.

"Assistance with task" means giving aid or support in the performance of a task.

"Authorized representative of the vendor" means an owner, officer or employee of the vendor agency who has the authority to commit the agency to a financial and/or contractual responsibility.

"Best interest", as used in Section 240.1630, means the determined needs of the client population are being met.

"Calendar year" means from January 1 through December 31.

"Capable person" means a person who is qualified to perform the functions required.

"Chore-housekeeping" means chore and housekeeping service.

"Close-out review" means a review performed at the close of the period of time allowed for correction of findings of non-compliance to determine if those corrections have been made and that the newly drawn review sample of client/vendor files reflects on-going compliance.

"Closed caseload" means a caseload restricted to those clients already receiving service and refers only to individual chore-housekeeping providers; no new clients shall be accepted and current clients who discontinue service for any reason will not be reinstated into this caseload.

"Comparable human service program" means a program that offers services that are similar to CCP services (e.g., home health aide, maid service).

"Confused and disoriented" means unable to clearly and accurately differentiate as to time, person and/or place.

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"Contract" means purchase of service agreement.

"Control date" means a starting point for purposes of calculating a time frame; the count begins the next work or calendar day.

"Cost report" means a report of all categorized allowable costs to a vendor which are directly associated with services purchased by the Department for its clients in categories as defined in Section 240.2050. The vendor shall use the Direct Service Worker Cost Certification and the Detailed Cost Certification forms.

"Discontinuation" means the cessation of Community Care Program services provided to a client for non-payment of incurred expense for care.

"Documenting" means making written entries on the Case Record Recording Sheet regarding contact with an applicant/client; and/or the viewing or receiving of a document to be placed in applicant/client/worker files to substantiate adherence to rules.

"Emergency" means a sudden unexpected occurrence demanding immediate action (e.g., client illness, illness/death of a member of the client's family, etc.).

"Errands" means performance of services outside the home such as essential shopping, picking up medications, and essential business needs as indicated in the plan of care.

"Escort" means accompanying those clients who are dependent on personal physical assistance to enable them to reach and use community resources in order to ensure their access to local services and to allow them to maintain independent living as required by the plan of care.

"Essential" means basic, indispensable or necessary.

"Exit Conference" means the meeting at the Illinois Department on Aging between representatives of the Department and the Director, or his/her designee, of the reviewed agency to resolve the agency's objection to the findings of the Compliance Review Report. Such conferences shall be called when the findings evidence serious client-related concerns (e.g., Type I findings).

"Face-to-face" means direct communication while physically in the presence of another person or persons.

"FUTA" means the Federal Unemployment Tax Act.

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"Fiscally sound agency" means a CCU or vendor which has on file at the Department documentation which supports that the CCU or vendor has adequate financial resources to perform the terms of the contract (e.g., a line of credit from a financial institution).

"Fraudulent information" means purposely erroneous or untruthful information.

"Historical costs" means the total allowable costs incurred for all programs the vendor provided for the previous reporting year, which are presented via certified report by the vendor.

"Home maintenance and repairs" means those non-routine tasks, excluding any work requiring a ladder or requiring specialized skills on the part of the worker, necessary to maintain a safe and healthful environment for the client as required by the plan of care (e.g., defrosting the refrigerator; cleaning the oven; dusting walls and woodwork; cleaning closets, cupboards and insides of windows; changing filters on and cleaning humidifiers; clearing hazards from outside steps and sidewalks if transportation and/or escort is required by the plan of care; replacing light bulbs).

"Imminent" means likely to occur (e.g., injury or institutionalization).

"Incomplete proposal" means the written offer to the Request for Proposal (e.g., attachments, appendices) which fails to include all requirements as stated in the Request for Proposal.

"Informality" means an irregularity which is a matter of form or variation from the exact requirement of the Request for Proposal, the correction or waiver of which would not be prejudicial to other applicants (e.g., failure to return number of copies of signed proposals as required by the Request for Proposal).

"M.D." means medical doctor who is registered in the State of Illinois.

"Memorandum of Understanding" means a written document, executed by the applicant/client/authorized representative, CCU representative and vendor representative in which all parties agree to cooperate, and in which activities are specified which must be fulfilled by each party thereto.

"Observing client's functioning" means watching for any change in the client's needs which could indicate that a redetermination of

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eligibility and/or a revision in the Client Agreement - Plan of Care is necessary (e.g., client is experiencing increasing difficulty in walking, client is becoming increasingly confused and disoriented, client's daughter is no longer available to prepare meals for the client, etc.).

"Occupancy costs" means the costs of depreciation, amortization of leasehold improvements, rent, property taxes, interest and other related costs.

"Parent organization" means an entity to which the contractual party is a subsidiary.

"Performance of task" means to carry out an action, function or process.

"Period of stay" means a period of time during which implementation of a contract action is temporarily delayed.

"Potentially" means having the capability of occurring but not yet in existence (e.g., deterioration in the client's condition).

"Program support costs" means those allowable costs not included as direct service or administrative costs.

"Proposal" means the written offer made by an applicant in response to Department Request for Proposal.

"Reasonable and diligent effort" means perseverance on the part of the applicant/client in his/her attempt to dispose of the asset (e.g., as evidenced by copies of the advertisement for sale of the asset).

"Reinstatement" means the resumption of services, within an established time frame, at the same level provided prior to a suspension/discontinuance of the services.

"Related parties" means any other entities having a legal or contractual relationship with the contractual party.

"Request for Proposal (RFP)" means a form of invitation to bid which the Department uses to obtain homemaker, chore-housekeeping, adult day care services and demonstration/research projects under the Community Care Program (CCP). The RFP explains the purpose of the invitation to bid, outlines the scope of the work and solicits proposals from vendor agencies for the funding of services undertaken by the Department.

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"Routine procedures" means procedures performed in a hospital which result in no perceptible change in the client's physical/mental health needs (e.g., tests, blood work-ups, x-rays, dialysis, etc.).

"Service area" means any area in which a vendor has been awarded a contract to provide CCP services.

"Special diet" means a dietary restriction based upon the health and safety needs of the client and prescribed by a physician (e.g., sodium free, fat, protein, diabetic, etc.); whereas a modified diet relates to a diet containing easy to chew foods. A modified diet may be part of a specialized diet.

"State fiscal year" means from July 1 through June 30.

"Suspension" means the temporary cessation of the provision of Community Care Program services provided to a client.

"Suspension of referrals" means closed intake of new clients to the specific contractor.

"Termination" means the permanent cessation of the provision of Community Care Program services and eligibility of services.

"Threat" means the existence of circumstances that indicate the intent of an individual or group to destroy the property of or to injure or punish another individual or group. Such circumstances might be the display of a weapon at an adult day care center.

"Too highly impaired applicant/client" means an applicant/client who needs 24 hour a day care, for whom CCP cannot develop a plan of care to protect his/her physical, mental and environmental needs and who does not have sufficient outside support from family, friends, church, et.al., to provide for those needs (as determined by Part B - Unmet Need for Care - of the Community Care Program Determination of Need). (Refer to Section 240.715.)

"Unallowable costs" means those costs which will not be considered in determining the fixed rate or in meeting the required minimum direct service expenditure.

"Vendors" means those service providers with whom the Department does business through contracts on a reimbursable basis for units of service delivery to specified clients.

"Work days" means Monday through Friday at a minimum, excluding

vendor designated holidays.

The following proposed definitions have been amended to read:

"Adverse action" means the denial of CCP service; a reduction in dollars in the monthly cost of care according to the CCP Client Agreement - Plan of Care; a change in service type (e.g., a change from chore-housekeeping to homemaker service which could increase the client's incurred monthly expense for care); or the termination from CCP service.

"Authorized representative" means an agent designated, verbally or in writing, by the applicant/client to be his/her representative, or the applicant's/client's guardian. In the event that an applicant/client is unable to physically write his/her signature, the CCU may sign for the applicant/client at the applicant's/client's verbal request.

"Components" means specified parts of the service as defined in the applicable Section.

"Documentation" means tangible documents or supporting references or records used to record client contact, determine eligibility or substantiate adherence to rules.

"Face-to-face review" means an informal review (see Section 240.425) conducted in the appeal process by the Department in the home of an appellant with the applicant/client (and appellant, if appellant is other than the applicant/client) present. (A hearing is conducted by a Hearing Officer. See Section 240.450.)

"Geographic area" means a physical area (e.g., county) of the State within which a contractor is authorized to provide services to Community Care Program clients.

"Informal review" means the act of determining the facts relating to an appeal in an informal manner by the Department (see Section 240.425).

"In-home services" means services provided in the client's residence with the client present or on behalf of the client (e.g., homemaker, chore-housekeeping services).

"Intermediate Care Facility (ICF)" means a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long

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term illnesses or disabilities which may have reached a relatively stable plateau (89 Ill. Adm. Code 101.20).

"Responsible person" means a capable person who does not appear to be disoriented or confused and is presumed to be acting in the best interest of another individual.

"Skilled Nursing Facility (SNF)" means a group care facility licensed by the Illinois Department of Public Health which provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post acute phase of illness or during reoccurrences of symptoms in long-term illness (89 Ill. Adm. Code 101.20).

"Unit of service" means a measured length of service, such as an hour, a day, a visit, a one-way trip, or some other measurable service component that will enable the Department to determine the amount of service provided individually or in aggregate to or on behalf of a client.

The following proposed definitions have been deleted from the adopted Section:

Case Coordination Unit geographic area;

Health related service experience;

Reasonable costs; and

Vendor geographic area.

Section 240.210:

In the first sentence, "non-medical" has been inserted following "general" and "supervised" has been reinstated following "support by". In the second sentence, "(an adult individual who is not disoriented or confused)" has been deleted; and "in accordance with the authorized plan of care" has been added at the end of the subsection.

In subsection (a)(1), "/performance" has been deleted.

Subsection (a)(2) has been amended to read:

"Performance of or assistance with essential shopping/errands, which

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may include handling the client's money. Proper accounting to the client of money handled and provision of receipts are required. These tasks shall be performed as specifically required by the plan of care and shall be monitored by the homemaker supervisor."

In subsection (a)(4), "(such as diabetic, low sodium, gall bladder, ulcer, or high residue diets)" has been deleted and "and as required by the plan of care" has been added to the end of the sentence.

In subsection (a)(5), "paragraphs" has been deleted and replaced with "subsections"; "and" has been deleted following "(2)"; "and 4" has been inserted following "(3)"; and, "paragraph" has been deleted and replaced with "subsection".

In subsection (a)(6), "appropriate" and "as required" have been deleted.

In subsection (a)(7), "assisting with" has been deleted and replaced with "bathing and"; "and preparation of supplies therefore; transferring client; and assisting client with range of motion" has been added following "dentures"; and, "when trained by a Registered Nurse" has been deleted. In addition, the second paragraph of this subsection has been deleted.

In subsection (a)(8), "The service components below" has been deleted and replaced with "Performance of chore-housekeeping tasks as described in 240.220"; "listed in subsections (1)" has been substituted for "1" following "components"; "thru" has been replaced by "through"; and, "7" has been placed in parentheses.

Subsections (a)(8)(A) and (B) have been deleted.

Subsection (a)(9) has been added and reads:

"Escort to medical facilities, errands, shopping and individual business as specified in the plan of care."

Proposed subsection (b) has been changed to subsection (c).

Adopted subsection (b) reads:

"Homemaker service may include transportation to medical facilities for essential errands/shopping or for essential client business with the client as specified in the plan of care."

Adopted subsection (c) reads:

"(c) Unit of Service

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- 1) One unit of homemaker service is one hour of direct service provided to the client in the client's home, or while providing transportation/escort to medical facilities, or running errands and/or shopping in behalf of the client.
- 2) For services which the vendor was unable to provide due to either the client's absence without prior vendor notification or refusal to admit the worker into the home to provide service (see Section 240.350), one (1) unit of documented homemaker service per occurrence will be reimbursed to the homemaker vendor to a maximum of two (2) units per client per State fiscal year.

Section 240.220: "guardian" has been deleted; "and capable" has been added following "responsible"; "(an adult individual who is not disoriented or confused)" has been deleted; and, ", in accordance with the authorized plan of care" has been added at the end of the sentence.

Proposed subsection (a)(1) has been changed to (a)(3), proposed subsection (a)(2) has been changed to (a)(1), and proposed subsection (a)(3) has been changed to (a)(2).

In adopted subsection (a)(1), "simple repairs", "defrosting the refrigerator, cleaning the stove and oven", and, "such seasonal maintenance tasks as dusting walls and woodwork; and cleaning closets, cupboards and insides of windows" have been deleted. In addition, "home maintenance and repairs" has been added at the end of the sentence.

In adopted subsection (a)(2), "necessary" has been changed to "essential" and "quarterly" have been deleted.

In adopted subsection (a)(3), "guardian" has been deleted; "and capable" has been inserted following "responsible"; "assistance" has been replaced with "assisting"; "self-administered" has been inserted following "with"; "; reminding the client to take his/her medications, reading instructions for utilization," has been inserted following "limited to"; "containers" has been inserted following "medication"; and, "and" has been deleted.

In subsection (a)(4), "Transportation/escort" has been replaced with "Escort".

Proposed subsection (a)(5) has been changed to (a)(6).

Adopted subsection (a)(5) reads:

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"Observing client's functioning and reporting to the supervisor"; "In adopted subsection (a)(6), "guardian," has been deleted and replaced with "or"; "or other responsible individual," has been deleted; and, "therefore" has been changed to "theretofore". In addition, "Assisting with the above services is only possible when the chore worker meets the homemaker requirements (e.g., training and supervisor to worker ratio). The service components are considered appropriate only when provided in conjunction with one or more of service components listed in subsections (1) through (3)." has been added to the end of the first paragraph and the second paragraph has been deleted.

Proposed subsection (b) has been changed to subsection (c).

Adopted subsection (b) reads:

"Chore-housekeeping service may include transportation to medical facilities, for essential errands/shopping or for essential client business with the client as specified in the plan of care."

Adopted subsection (c) reads:

"c) Unit of Service

- 1) One unit of chore-housekeeping service is one hour of direct service provided to the client in the client's home, or while providing transportation/escort to medical facilities, or running errands and/or shopping in behalf of the client.
- 2) For services which the vendor was unable to provide due to either the client's absence without prior vendor notification or refusal to admit the worker into the home to provide service (see Section 240.350), one (1) unit of documented chore-housekeeping service per occurrence will be reimbursed to the chore-housekeeping vendor to a maximum of two (2) units per client per State fiscal year."

Section 240.230:

In subsection (a)(2), "first" has been deleted and replaced with "fourth (4th); "multidisciplinary" has been deleted; "Registered" has been replaced with "and Program"; "registered dietitian" has been deleted; "may include" has been inserted following "and"; "optional" has been deleted; "at the option of the Program Coordinator/Director" has been inserted following "staff"; and, in the third sentence, "physician" has been deleted and replaced with "Physician/Nurse Practitioner".

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In subsection (a)(3), "a Registered" has been replaced with "the Program".

In subsection (a)(8), "240.1420" has been deleted.

In subsection (c)(1), "seven (7)" has been replaced with "five (5)".

Proposed subsection (c)(3) has been changed to subsection (c)(5).

Adopted subsection (c)(3) reads:

"For services (including transportation, if specified in the plan of care) which the vendor was unable to provide due to the client's absence without prior notification (see Section 240.350), one-half (1/2) unit of documented adult day care service per occurrence, based upon the vendor's contractual rate structure, will be reimbursed to the vendor to a maximum of one (1) unit per client per State fiscal year."

Adopted subsection (c)(4) reads:

Those adult day care contract specific entities who, upon adoption of rule, have retained the adult day care unit rate structure which has transportation as a component of the adult day care service, will retain this service and rate structure.

Section 240.240:

In subsection (a), "Information and Referral" has been changed to "information and referral".

Proposed subsection (a)(4) has been deleted.

Proposed subsection (a)(5) has been changed to (a)(4).

Subsection (b) has been changed to read:

b) Unit of Service

One unit of information and referral service is one (1) incoming telephone call received by the professional information and referral staff.

Section 240.250:

In subsection (a), "facilities and" has been deleted; and, the following has been added at the end of the subsection:

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"These projects are study programs testing the feasibility of new types of services, service delivery methods or service components which, as a result of the demonstration/research, will be considered for incorporation in the Community Care Program."

Section 240.260:

In subsection (a)(1), "inquiries and applicant" has been deleted and replaced with "inquiry"; and "logs" has been changed to "log".

In subsection (a)(2), "interviewing" has been deleted; and, "assistance with" has been added following "Distribution".

Subsection (a)(4) has been changed to read:

"Availability to receive client inquiries and requests, by telephone or in person, and to respond to such inquiries and requests."

Proposed subsections (a)(6), (a)(7) and (a)(8) have been changed to subsections (a)(7), (a)(8) and (a)(9) respectively.

Adopted subsection (a)(6) reads:

"Department of Mental Health and Developmental Disabilities (DMHDD) Level I identification screenings."

Adopted subsection (a)(7) reads:

"Provide referrals to other needed services."

Adopted subsection (a)(8) reads:

"Implementation of services and client transfers."

Adopted subsection (a)(9) reads:

"Authorizations of all actions related to the disposition of CCP services as required by CCP rules 240.100 through 240.2050."

In subsection (b)(3), "(1)" has been deleted.

Subsection (b)(6) has been amended to read:

"Availability to receive client inquiries and requests by telephone or in person, and to respond to such inquiries and requests for each active client per month, constitutes one unit."

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Subsection (b)(7) has been deleted.

Section 240.270:

Proposed subsection (e) has been changed to subsection (e)(1) with the following amendments:

"chore-housekeeping/homemaker" has been added following "alternative"; "provider" has been deleted; "while" has been added following "client"; a comma (,) has been added following home; "or" has been deleted; "to the client" has been added following "transportation/escort"; "running" has been deleted and replaced with "while performing essential"; "errands and/or shopping" has been changed to "errands/shopping or conducting essential business with or"; and "in" has been changed to "on".

Subsection (e)(2) has been added and reads:

"For services which the vendor was unable to provide due to either the client's absence without prior vendor notification or refusal to admit the worker into the home to provide service (see Section 240.350), one (1) unit of documented chore-housekeeping/homemaker service per occurrence will be reimbursed to the alternative chore-housekeeping/homemaker vendor to a maximum of two (2) units per client per State fiscal year."

Section 240.280:

In subsection (a), the comma (,) following "client" has been deleted; "family member, guardian," has been deleted; and, ", or other responsible individual" has been deleted.

In subsection (b), ", family member, guardian," and "or other responsible individual" have been deleted.

Proposed subsection (b)(1) has been deleted and all subsequent subsections have been renumbered accordingly.

In adopted subsection (b)(2), "simple repairs," has been deleted; "and home maintenance and repairs as defined in Section 240.160" has been added following "meal preparation,"; and "defrosting the refrigerator, cleaning the oven and stove, and such seasonal maintenance tasks as dusting walls and woodwork, and cleaning closets, cupboards and insides of windows" has been deleted.

In adopted subsection (b)(3), "essential" has been added immediately

preceding "errands"; "and individual" has been deleted; "or essential client" has been added following "shopping"; and, "with the client" has been added following "business".

In adopted subsection (b)(4), "assistance with medication, limited to uncapping medication and providing the proper liquid and utensil with which to take the medication;" has been added following "e.g."; in the final phrase, "or" has been replaced with "and"; and, "therefore" has been changed to "theretofore".

Adopted subsection (b)(5) reads:

"Observing client's functioning and reporting to the Case Coordination Unit."

In subsection (d), a semicolon (;) has been added and "or" has been deleted following "home"; "providing transportation/escort" has been changed to "transporting/escorting the client"; "running" has been deleted and replaced with "while performing essential"; "or conducting essential client business with/" has been added following "errands/shopping"; and, "in" has been changed to "on".

Section 240.300:

In the second sentence, "updated" has been deleted.

Section 240.330:

In subsection (b), "an appropriate" has been added following "choose".

Section 240.340:

The introductory paragraph has been deleted.

In subsection (b), "by" has been replaced with "in"; and, "rule" has been replaced with "Section".

In subsection (e), "written permission for the use thereof from" has been deleted and replaced with "a Release Information form signed by"; and, in the last sentence, "written permission shall be obtained and" has been deleted and replaced with "Release Information form shall be".

Section 240.350: Proposed subsection (a) has been changed to an introductory paragraph for the Section with the following changes: "are required to" has been changed to "shall"; "representatives of the" has been added following "cooperate with the"; and, "in the following" has been

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deleted and replaced with "determinations of eligibility or provision of Community Care Program (CCP) services".

The remainder of the proposed Section, beginning with proposed subsection (a)(1) has been deleted and replaced with the following:

"a) Failure to cooperate in the actions specified below shall be considered non-cooperation and shall be cause for suspension.

- 1) A client/authorized representative shall notify the office of the vendor at least one (1) day in advance when the client will not be present in his/her home to receive scheduled services.

A) If the client's absence from his/her home on a day services are scheduled is due to an emergency, the client/authorized representative shall advise the office of the vendor as quickly as possible and it will not be considered non-cooperative.

B) The vendor shall document the absences of the client without prior notification thereof (except any absence caused by an emergency) and shall be reimbursed by the Department for two (2) such absences (refer to Section 240.210 or 240.220 as appropriate).

C) Two (2) such documented absences within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor has the option of not reporting non-cooperative absences; however, if the second (2nd) non-cooperative absence is reported with request for reimbursement, suspension procedures shall be implemented.

D) The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) non-cooperative absence. A written report including, at a minimum, the names of the client and the worker, and the dates of the first (1st) and second (2nd) non-cooperative absence, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) non-cooperative absence.

E) Upon receipt of verbal notification of the second

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(2nd) documented non-cooperative absence within a State fiscal year, the CCU shall suspend the client's services as required in Section 240.930. The date of suspension shall be the date that the second (2nd) non-cooperative absence occurred.

- 2) A client/authorized representative shall notify the office of an adult day care vendor at least one (1) day in advance when the client will not be attending the adult day care site or will not be in need of transportation to or from the adult day care site, as scheduled and required by the plan of care.

A) If the client's absence from the adult day care site or refusal to accept transportation to the adult day care site is due to an emergency, the client/authorized representative shall advise the office of the vendor as quickly as possible and it will not be considered non-cooperative.

B) The vendor shall document the client's absence or refusal to accept transportation without prior notification thereof (except any absence caused by an emergency) and shall be reimbursed by the Department for two (2) such absences or refusals (refer to Section 240.230).

C) Two (2) such documented absences or refusals within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor has the option of not reporting non-cooperative absences; however, if the second (2nd) non-cooperative absence is reported with request for reimbursement, suspension procedures shall be implemented.

D) The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) non-cooperative absence or refusal. A written report including, at a minimum, the names of the client and the worker and the dates of the first (1st) and second (2nd) non-cooperative absence or refusal, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) non-cooperative absence or refusal.

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E) Upon receipt of verbal notification of the second (2nd) documented non-cooperative absence or refusal within a State fiscal year, the CCU shall suspend the client's adult day care service (including transportation if specified in the plan of care) as required in Section 240.930. The date of suspension shall be the date that the second (2nd) non-cooperative absence or refusal occurred.

3) A client/authorized representative shall not refuse to allow the vendor into the client's home to provide services.

A) The vendor shall document the refusal to allow services to be provided and shall be reimbursed by the Department for two (2) such refusals (refer to Section 240.210 or 240.220 as appropriate).

B) Two (2) such documented refusals within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) refusal. A written report including, at a minimum, the names of the client and the worker and the dates of the first (1st) and second (2nd) refusal, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) refusal.

C) Upon receipt of verbal notification of the second (2nd) documented refusal within a State fiscal year, the CCU shall suspend the client's services as required in Section 240.930. The date of suspension shall be the date that the second (2nd) refusal to allow service occurred.

4) A client/authorized representative shall not interfere with provision of the services specified in the plan of care, either in the client's home or in an adult day care site.

A) The vendor shall document the interference with provision of the services specified in the plan of care as stated above.

B) Two (2) such documented occurrences of interference

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within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) occurrence. A written report including, at a minimum, the names of the client and the worker and the dates of the first (1st) and second (2nd) occurrence, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) occurrence.

C) Upon receipt of verbal notification of the second (2nd) documented occurrence of interference within a State fiscal year, the CCU shall suspend the client's services as required in Section 240.930. The date of suspension shall be the date of the second (2nd) occurrence of interference.

5) An applicant/client/authorized representative or any family member/friend/acquaintance of the applicant/client/authorized representative shall not threaten or act abusively (e.g., physical, verbal, sexual, etc.) or display a weapon (e.g., gun, knife, etc.) against any representative of the Department, CCU or vendor who is present in the applicant's/client's home or at an adult day care site. The applicant/client/authorized representative shall be responsible for any animal present in the home of the applicant/client and shall prevent said animal from physically harming a representative of the Department/CCU/vendor.

A) If the threat or abuse takes place in an applicant's/client's home, the party who has been threatened or abused shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.

B) If the threat or abuse takes place in an adult day care site, the family/authorized representative shall be advised immediately and the CCU shall verbally be advised on the same day, if possible, but not later than the next work day.

C) A written report including, at a minimum, the name

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of the client and the in-home worker/adult day care site worker, and the date and details of the threat or abuse, shall be mailed by the vendor to the CCU within two (2) work days from the date that the threat or abuse occurred.

D) Upon receipt of verbal notification of threat or abuse, the CCU shall, on the same day, if possible, but not later than the next work day:

i) suspend a client's services in the client's home and/or at an adult day care site, as required in Section 240.930; or

ii) suspend an applicant's determination of eligibility process as required in Section 240.930.

E) The date of suspension shall be the date that the threat or abuse occurred.

6) The CCU shall notify the applicant/client/authorized representative and the vendor of the suspension in accordance with Section 240.930(c) and (d).

7) The CCU shall develop a memorandum of understanding between the applicant/client/authorized representative, and the representatives of the CCU and the vendor, in accordance with Section 240.930(e).

8) Upon the execution of the memorandum of understanding, the client's services or the applicant's determination of eligibility process, as appropriate, shall be reinstated in accordance with Section 240.930(f).

9) Failure to sign a memorandum of understanding shall be grounds for termination or denial, as appropriate.

10) If, following reinstatement, the requirements of the memorandum of understanding have not been adhered to by the applicant/client/authorized representative, the application shall be denied or services shall be terminated, as appropriate.

11) Notification of denial or termination shall be in accordance with Sections 240.910 or 240.945, as appropriate.

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b) Failure to cooperate in the actions specified below shall be considered non-cooperation and shall be cause for denial of an application or termination of services, as appropriate.

1) An applicant/client/authorized representative or any family member/friend/acquaintance of the applicant/client/authorized representative shall not inflict physical injury upon any representative of the Department, CCU or vendor, either in the applicant's/client's home or while the client is attending an adult day care site.

A) If the infliction of physical injury takes place in the applicant's/client's home, the injured party shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.

B) If the infliction of physical injury takes place in an adult day care site, the family/authorized representative shall be advised immediately and the client shall be removed immediately. The CCU shall verbally be advised on the same day, if possible, but not later than the next work day.

C) A written report including, at a minimum, the names of the client and the in-home worker/adult day care site worker, and the date and details of the infliction of physical injury, shall be mailed by the vendor to the CCU within two (2) work days from the date that the physical injury was inflicted.

D) Upon receipt of verbal notification of the infliction of physical injury the CCU shall, on the same day, if possible, but not later than the next work day:

i) institute immediate denial of application or termination of services. The effective date of denial or termination shall be the date that the infliction of physical injury occurred;

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ii) verbally notify the applicant/client/authorized representative of the denial or termination. Written notification shall be sent by certified mail to the applicant/client/authorized representative, and by regular mail to the vendor, within five (5) calendar days from the date of the verbal notification; and

iii) verbally notify the Department of the denial or termination followed by a written report within five (5) calendar days from the date of the verbal notification.

2) Applicant(s)/client(s)/authorized representative(s) shall provide assistance in securing documentation and/or factual information to be utilized in the determination of initial and continuing eligibility for Community Care Program (CCP) services, as well as the type, level and amount of services to be provided.

Refusal to provide the specified assistance needed shall be cause for denial of an application or termination of a client's services, as appropriate.

3) Applicant(s)/client(s)/authorized representative(s) shall provide a mailing address, including sufficient information to enable the Department/CCU/vendor to locate the applicant/client/authorized representative (i.e., the name, address and telephone number of a contact through whom the applicant/client may be located, or it may be necessary to provide directions to the applicant's/client's home).

Refusal to provide the specified assistance needed shall be cause for denial of an application or termination of a client's services, as appropriate.

4) Notification of denial or termination shall be in accordance with Section 240.910 or 240.945, as appropriate, except as specified in subsection (b)(1)(D) above."

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Section 240.360:

In the first paragraph, "five (5)" has been changed to "thirty (30) calendar"; and "of" has been changed to "from".

In the second paragraph, "Changes" has been changed to "Benefit changes".

Section 240.400:

In subsection (g), "following" has been changed to "from".

Section 240.410:

In subsection (a), "following" has been changed to "from".

In subsections (b) and (c), "calendar" has been added following "(60)".

In subsection (c)(2), "calendar" has been added following "(15)".

In subsection (c)(3) and (c)(4), "within fifteen (15) calendar days from the date of request as required in Section 240.1520" has been added following "applicant/client".

In subsection (e), "of" has been changed to "from" following "days" in the first sentence; "reduction or any change in services or termination" has been deleted and replaced with "(Refer to Section 240.160)"; "proposed reduction, change or termination" has been deleted and replaced with "notice of adverse action"; and the following has been added as a final sentence of the subsection:

"If the Department determines that the health, safety or welfare of the vendor/direct service worker shall be jeopardized if service is continued (refer to Section 240.350(b)(1)), the client's right to continued service may be denied until the appeal decision is reached."

Section 240.415:

In subsection (g), "calendar" has been added following "(15)"; and, "following" has been changed to "from".

Section 240.430: "of" has been changed to "from" following "calendar days" in the first sentence.

Section 240.435:

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In subsection (a), "acknowledgment" has been changed to "acknowledgement".

Section 240.450: "authorized" has been added following "appellant's" in the last sentence of the opening paragraph.

Section 240.455:

In subsection (c); "calendar" has been added following "(90)" and following "by the number of".

Section 240.460:

In subsection (d), "authorized" has been deleted; and, "calendar" has been added following "(90)" and following "by the number of" in the last sentence.

Section 240.470:

In subsection (a), "calendar" has been added following "(10)" and "following" has been replaced with "from" in the first sentence; and, "issued by the Hearing Officer" has been added following "Dismissal Notice".

Section 240.480:

In subsection (a), "calendar" has been added following "(90)" and "following" has been replaced with "from" in the first sentence.

In subsection (c), "including reimbursement to" has been deleted and replaced with "as appropriate. In the event that"; "for the actual cost of services, if any, purchased by the applicant/client" has been deleted and replaced with "purchased services not provided by the vendor"; "in" has been added following "period"; "is" has been replaced with "was"; and, "the Department will reimburse the applicant/client" has been added following "conducted".

In subsection (c)(3), "Section" has been replaced with "Sections"; "and 240.870" has been added following "240.855"; and "et seq. (does not apply to Medicaid clients)" has been deleted.

Section 240.485: "three (3)" has been replaced with "five (5)" and "after" has been replaced with "from the date of" in the first sentence.

Section 240.510:

In subsection (a), "from the date" has been added following "work days".

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In subsection (b), in the second paragraph "(e.g., a relative of the applicant, the applicant's legal guardian or conservator or by an individual acting responsibly on behalf of the applicant)" has been deleted.

Section 240.520:

In subsection (a), ", or" has been added following "individual" and "(having authorization from the applicant) or, if the individual is incompetent or incapacitated, by a legal guardian or someone acting responsibly (in the interest of, but not authorized by, the applicant) for the individual" has been deleted in the second sentence; "by the authorized representative" has been added following "applicant" at the end of the third sentence; and, the fourth sentence (beginning with "For" and ending with "applicant:") has been deleted.

In subsection (a)(1), "when" has been changed to "When"; and, "as defined in Section 240.160" has been added at the end of the subsection.

Proposed subsections (a)(2), (a)(3) and (c) have been deleted and proposed subsection (d) has been moved to subsection (a)(2).

In adopted subsection (a)(2), "When an individual has a legally appointed guardian, the guardian must sign the application for the applicant." has been added as the first sentence of the subsection.

Section 240.600: "Program" has been added following "Community Care".

Section 240.620:

In subsection (a), "calendar" has been added following "(60)"; and, "or in the deinstitutionalization process" has been deleted.

In subsection (b), "calendar" has been added following "(15)" and "following" has been changed to "from".

The following has been added as subsection (c):

"A home visit shall not be required in the conduct of determinations or redeterminations of need following hospitalization for routine procedures as defined in Section 240.160."

Section 240.630:

In subsection (a), "or deinstitutionalization" has been deleted and "processes" has been changed to "process".

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In subsection (c), "240.905" has been changed to "240.875".

Section 240.640: "following" has been changed to "from" and "(refer to Section 240.660.)" has been added at the end of the Section.

Section 240.650: both references to "Section 240.925" have been changed to "Section 240.655".

Section 240.655: "(CCU)" has been added following "Unit"; "necessary to assure", "continued eligibility of any", "who", and "physical, mental, or environmental circumstances" have been deleted; and, "needs that indicates the need for a redetermination to assure continued eligibility (refer to Section 240.630)." has been added at the end of the paragraph.

In subsection (a), "Redeterminations" has been changed to "Annual Redeterminations"; "or the date of request for redetermination, or whenever determined necessary unless delayed by the client" has been deleted; proposed subsection (b) has been added to the subsection with "of" changed to "from and "unless delayed by the client" deleted.

Proposed subsections (c) and (d) have been changed to subsections (e) and (f) respectively.

Adopted subsections (b), (c), and (d) read:

"b) Redeterminations conducted at the request of the client/authorized representative or whenever the client may have experienced a change in needs shall be accomplished and a decision rendered within thirty (30) calendar days from the date of the request for redetermination.

c) The thirty (30) calendar day time limit for completion of a redetermination of a client's eligibility shall be extended by any delay caused by the client/authorized representative.

1) Client delay is defined as the number of calendar days a redetermination of eligibility is delayed because of the client's/authorized representative's failure to provide documentation supporting his/her eligibility within seven (7) calendar days from the date it is verbally requested by the CCU.

2) In the event that a client's eligibility cannot be determined due to the client's/authorized representative's failure to provide documentation, as specified above, within thirty (30) calendar days from

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the date it is verbally requested by the CCU, the CCU shall extend the time limit for an additional thirty (30) calendar days, after which services shall be terminated if documentation is not provided.

d) The client shall maintain eligibility and services shall continue to be provided throughout the redetermination process unless the client/authorized representative delays the process beyond the additional thirty (30) calendar days specified in subsection (c)(2) above."

In adopted subsection (e), "Sections" has been changed to "Section" and "240.910 and" has been deleted.

In adopted subsection (b), "of" has been replaced with "from" and "as required by Section 240.945" has been added at the end of the subsection.

Section 240.660: "calendar" has been added following "(30)".

In subsection (a), "calendar" has been added following "number of"; "reasonable" has been deleted; "calendar" has been added following "(7)"; "of" has been replaced with "from"; a backslash (/) has been added following "Department"; and "or its" has been deleted.

In subsection (b), "reasonable" has been deleted; "calendar" has been added following "(60)"; and "following" has been replaced with "from".

Section 710: in the first sentence, a comma (,) has been added following "services"; "individual" has been replaced with "applicant/client"; "/authorized representative's" has been added following "applicant's/client's" in the second sentence; and, "/authorized representative" has been added following "applicant/client" in the third sentence.

Section 240.715:

In subsection (c), the hyphens (-) following "Part A" and "Part B" have been deleted and replaced with commas (,).

Section 240.730:

In subsection (b), "designed" has been replaced with "developed".

In subsection (d), "applicant/" has been added to "client" following "Services which the"; "physician" has been changed to "Physician/Nurse Practitioner" following "provided until the"; "applicant's/" has been

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added to "client's" following "(meets the)"; "applicant" has been added to "client" following "safety of the"; and the following has been added as the last sentence to the subsection:

"It shall be the responsibility of the applicant/client to provide the endorsement from the applicant's/client's Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner."

In subsection (e), a comma (,) has been added following "current" and "unless provided by an authorized exception under Section 240.1030, Temporary Emergency Services" has been deleted.

Section 240.735: "physician, registered nurse" has been changed to "Physician, Nurse Practitioner, Registered Nurse or".

Section 240.740:

Proposed subsection (b) is changed to subsection (c) and following is adopted as subsection (b):

"Such certification shall result from the successful completion of training which includes, but is not limited to, the following topics:

- 1) financial eligibility determination (refer to Sections 240.800 through 240.875);
- 2) administration of the Determination of Need instrument (refer to Section 240.715);
- 3) plan of care development and implementation;
- 4) performance of nursing home prescreenings (refer to Section 240.1010); and
- 5) form utilization and flow.

Proposed Section 240.745 has been withdrawn.

Section 240.750:

In subsection (c), " , 100 Stat. 3359 (1986)" has been added following "P.L. 99-603".

Section 240.800:

In subsection (a), "through 240.875" has been added following "240.810";

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"et seq." has been deleted; and, a comma (,) has been added following "1983".

In subsection (b), "through 240.875" has been added following "240.825"; "et seq." has been deleted; and, a comma (,) has been added following "1982".

Section 240.810:

In subsection (a), "non-exempt" has been added following "shall not own".

In subsection (d), "asset exemption" has been changed to "non-exempt assets".

In subsection (d)(2), "of" has been changed to "from" following "months".

In subsection (d)(3), "(because of circumstances beyond his/her control)" has been changed to "(through no fault of his/her own)".

Section 240.815:

In subsection (a)(8)(A), "Or" has been changed to "or" at the end of the subsection.

In subsection (b)(10), "Section 4(c) of" has been added following "provision of"; "Illinois" has been deleted; and, "and Pharmaceutical Assistance" has been added following "Relief".

Section 240.820:

In subsection (c), "of" has been replaced with "from" following "two (2) years".

In subsection (f), "from the date" has been added following "five (5) days".

Section 240.825:

In subsection (a), "All" has been changed to "Documentation of all"; and, "considered in" has been replaced with "provided during".

Section 240.830:

In subsection (a)(6), "(42 U.S.C. 5001)" has been added following "Retired Senior Volunteer Program"; "(42 U.S.C. 5011)" has been added

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following "Foster Grandparent Program"; (42 U.S.C. 3056) has been added following "Older Americans Community Service Programs"; and, ", (42 U.S.C. 5001 through 5023) has been added following "as amended":

In subsection (a)(8), "of Section 4(c)" has been added following "provisions"; "Illinois" has been deleted; and, "and Pharmaceutical Assistance" has been added following "Relief".

Section 240.855:

In subsection (a), "or the applicant's/client's authorized representative" has been added following "(CCP)".

In subsection (b), "applicant(s)" has been replaced with "applicant/authorized representative".

In subsection (c), "/authorized representative" has been added to "client"; "the discontinuance of CCP services or" has been deleted; and, "of CCP services" has been added at the end of the subsection.

Section 240.860: in the first paragraph, "five (5)" has been changed to "thirty (30) calendar" and "following" has been changed to "from"; and, in the second paragraph, "Department/termination" has been changed to "Department or termination".

Section 240.875:

In subsection (b), "thirty (30)" has been changed to "sixty (60)", "following" has been changed to "from", "may" has been changed to "shall", "permission through" has been deleted, and, "to the Department" has been deleted in the first sentence; and, "in the manner and form prescribed by the Department" has been replaced with and "in conformance with Section 240.935" in the second sentence.

In subsection (c), "by the client" has been added following "payment"; "outstanding" has been added following "vendor of the"; and, "outstanding for more than one hundred twenty (120) days," has been deleted.

Proposed subsection (d) has been deleted and proposed subsection (e) has been changed to subsection (d)..

Section 240.905: in the parenthetical statement at the end of the Section, the comma (,) following "Stat." has been deleted; "Section" has been replaced with "pars."; and, "except in the deinstitutionalization process" has been deleted.

Section 240.910:

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In subsection (a), "following" has been replaced with "from".

In subsection (c), "(refer to Section 240.1580(c))" has been added at the end of the subsection.

Proposed subsection (f) has been deleted and replaced with the following:

"The date of the written notice of eligibility or ineligibility shall be the same date as the date of mailing. The vendor shall be notified on the same date of mailing as the client."

Section 240.915: "following" has been replaced with "from".

Section 920:

In subsection (J), "from the date" has been added following "(60) calendar days".

Proposed subsection (n) has been replaced with:

"(n) A plan of care cannot be developed that adequately meets the applicant's determined needs.

- 1) Such determination shall be sought first through the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner endorsement. Failure to obtain the endorsement shall be so documented.
- 2) If the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner fails to provide the supportive endorsement, the CCU shall make the determination that an adequate plan of care cannot be developed in accordance with Section 240.715."

In subsection (p), "physician" has been replaced with "Physician, Nurse Practitioner"; "Sections 240.660 and" has been changed to "Section"; and, "(d)" has been added to "240.730".

In subsection (q), "determined" has been replaced with "established".

In subsection (s), "previously denied or" has been added following "CCP services were" and "except as the situation or condition which led to the memorandum of understanding (See Section 240.350) has been permanently resolved" has been added at the end of the subsection.

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In subsections (t) and (v), "A" has been changed to "An" and "non-medicaid eligible" has been deleted.

In subsection (w), "non-exempt" has been added following "transferred".

Section 240.930:

In subsection (a), "temporarily" has been deleted; the colon (:) following "when" has been deleted and the following has been added to the subsection:

"a client has not cooperated with the vendor in the provision of services as set forth in Section 240.350. Services shall be reinstated when the client has met and continues to meet the requirements in the memorandum of understanding (Refer to Section 240.350)."

Proposed subsections (a)(1), (a)(2) and (a)(3) have been deleted.

Proposed subsection (b) has been deleted and replaced with:

"The vendor shall notify the CCU of the need for suspension in accordance with Section 240.350."

Proposed subsection (c) has been deleted and replaced with:

"Upon receipt of the vendor's verbal request for suspension, the CCU shall immediately, but not later than the next work day, verbally advise the client of the suspension and the date of the suspension of service(s). This date shall be the date the vendor left or was unable to render service."

Proposed subsection (d) has been deleted and replaced with"

"Notification of the suspension of services shall be sent to the client/authorized representative and the vendor(s) by the CCU by regular mail within five (5) calendar days from the verbal notification by the CCU to the client."

Proposed subsection (e) has been deleted and replaced with:

"The CCU shall, in accordance with Section 240.350, obtain the signature of all parties to the memorandum of understanding within thirty (30) calendar days from the effective date of suspension."

Subsections (f) and (g) has been added and read:

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"f) Upon execution of the memorandum of understanding (see Section 240.160), reinstatement of service shall be authorized in writing by the CCU, to be effective on or before fifteen (15) calendar days from the date of the last signature on the memorandum of understanding. The written notice shall be provided to the client and vendor(s) by regular mail.

g) Suspension of services may not be appealed because a suspension is not a final decision."

Section 240.935:

In subsection (a), "non-medicaid eligible" has been deleted; "sixty (60)" has been changed to "thirty (30)"; "of" has been changed to "from"; "permission from" has been deleted; "Department" has been replaced with "Case Coordination Unit"; "CCU" has been changed to "(CCU)"; and the following has been added at the end of the subsection:

"(See Section 240.1520.) The CCU shall notify the client by regular mail on or before fifteen (15) calendar days from the date of the vendor request to discontinue services and the discontinuance shall be effective no sooner than fifteen (15) calendar days from the date of the notice."

In subsection (b), ", upon discontinuance," has been added following "may" and " in the manner prescribed by the Department" has been deleted.

Proposed subsections (c) and (d) have been deleted and proposed subsections (e) and (f) have been relettered accordingly.

In adopted subsection (c), the following has been added at the end of the subsection:

"on or before fifteen (15) calendar days from the date of receipt. Written notification of reinstatement shall be provided to the client and the vendor(s) by regular mail."

In adopted subsection (d), "from the effective date of discontinuance" has been added following "(1) year" and "by the CCU" has been added following "terminated".

Section 240.940: "of" has been changed to "from" following "(45) calendar days" and "240.520" has been changed to "240.510".

Section 240.945:

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Subsection (a) has been deleted and replaced with:

"Any client whose Community Care Program (CCP) services are being changed in the following manner shall be advised of the change by written notice: change of service type; reduced amount of service; increased monthly incurred expense; or termination."

Subsections (b), (c) (d) and (e) have been changed to subsections (a)(1), (a)(2) (a)(3) and (a)(4) respectively.

In adopted subsection (a)(1), "given and Individual" has been deleted and replaced with "sent to a client" and "individual" has been replaced with "client".

In adopted subsection (a)(3), "(see Section 240.160 for a definition of adverse action). This time frame does not apply to termination as a result of the non-cooperative act specified in Section 240.350(b)(1)." has been added at the end of the subsection.

In adopted subsection (a)(4), "form" has been added following "Notice".

The following has been added as subsection (b):

b) A CCP client's service(s), as specified in subsection (a) above, may be changed or reduced at the request of the client and not require the fifteen (15) calendar day notice period under the following circumstances:

- 1) the client provides the CCU with a signed statement that the change or reduction is at the client's request;
- 2) the CCU, client and vendor mutually agree to the initiation of the change or reduction on the agreed upon date (which may be less than the required fifteen (15) calendar days from the date of the notice to the client);
- 3) A written notice is provided to the client (either by certified mail, return receipt requested, or handed to the client, with a receipt provided by the client for the notice) prior to the initiation of the change or reduction. The notice shall indicate the agreed upon effective date;
- 4) rights of appeal shall not be denied to a client who has requested a change or reduction in CCP services; and

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5) the CCU has documented all of the above and placed the client's statement in the client's file.

Subsections (f) and (g) have been relettered (c) and (d) respectively. In adopted subsection (c), "of" has been changed to "from" following "(15) calendar days".

Proposed subsection (h) has been deleted.

Section 240.950:

In subsection (b), "hospitalized, enters a group care facility, is institutionalized" is deleted and replaced with "an in-patient of any institution".

In subsection (f), "cancellation" has been changed to "termination".

Subsection (j) has been changed to read:

"k) a plan of care cannot be developed that adequately meets the client's determined needs in accordance with Section 240.715.

1) Such determination shall be sought first through the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner endorsement. Failure to obtain the endorsement shall be so documented.

2) If the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner fails to provide the supportive endorsement, the CCU shall make the determination that an adequate plan of care (see Section 240.730(d)) cannot be developed.

In subsection (k), "(see Section 240.810(a))" has been added at the end of the subsection.

In subsection (m), "(see Section 240.800(a) and (b)), " has been added following "1982".

In subsection (o), "(see Section 240.855(c))" has been added at the end of the subsection.

In subsection (q), "a non-Medicaid eligible" has been deleted; "paid the bill to the vendor" has been deleted and replaced with "made payment for the indebtedness."; and "(see Section 240.935(e))" has been added at the end of the subsection.

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Section 240.1010:

In subsection (a), "of" has been changed to "from" following "(60) calendar days".

In subsection (b), "CCP" has been changed to "Community Care Program (CCP)".

Subsection (b)(1) has been changed to read"

"when hospital discharge planners have advised the CCU of the imminent risk of ICF or SNF placement of a patient who meets the above criteria and in advance of discharge of the patient; or"

In subsection (b)(2), "(within 72 hours)" has been deleted.

In subsection (c), "of" has been changed to "from".

Proposed subsections (d), (e) and (f) have been changed to subsections (e), (f) and (g) respectively.

The following has been adopted as subsection (d):

"A CCU must also complete, within two (2) work days from the date of receipt of advice of discharge, a Department of Mental Health and Developmental Disabilities (DMHDD) Level I identification screening if the individual is determined appropriate for ICF or SNF placement."

In adopted subsection (e) "training by the" has been added following "received"; "approved training" has been deleted"; "(refer to Section 240.740)," has been added following "Department"; and "training" has been deleted as the last word of the subsection.

In adopted subsection (g)(3), "reported" has been added following "based upon the".

Section 240.1020:

In subsection (a)(2), "72 hours" has been replace with "three (3) work days".

In subsection (a)(3), "physician" has been changed to "Physician" and "Nurse Practitioner," has been added in both usages within the subsection; and, "72 hours" has been changed to "three (3) work days".

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In subsection (b), "of" has been change to "from" following "(2) work days".

In subsection (c), "following" has been changed to "from" following "(15) calendar days".

In subsection (d), "from the date of application" has been added following "(60) calendar days".

In subsection (d)(3), "following" has been changed to "from" following "(60) calendar days".

Proposed Section 240.1030 has been withdrawn.

Section 240.1050:

In subsection (a), "or placed in any other type of institution" has been deleted; "less" has been changed to "not more"; and, " , and whose services have been suspended," has been deleted.

In subsection (b), "The" has been changed to "If, the"; "shall" has been deleted; " , three (3) work days" has been deleted following "CCU"; the period (.) following "client" has been deleted; "A" has been deleted and replaced with "of the need for a service increase"; "by" has been added following "discharge planners or"; "within three (3) work days from the date of the notice" has been added following "by the CCU"; "verbally" has been added following "The CCU shall"; the comma (,) following "temporary increase in services" has been deleted; and "hourly has been deleted.

In subsection (c), "hourly" has been deleted.

In subsection (d), "following" has been replaced with "from the date of"; "determination" has been changed to "redetermination"; and, "(Refer to Section 240.620 subsection (c))." has been added at the end of the subsection.

Proposed Section 240.1060 has been withdrawn.

Section 240.1110:

In subsection (a), "(physical, mental or environmental)" has been deleted.

In subsection (b), "the CCU to authorize" has been added following "Reasons for".

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Proposed subsection (b)(1) has been deleted and replaced with:

"1) the needs of the client are not being met by the current vendor; or".

In subsection (b)(2), "Freedom of Choice" has been changed to "freedom of choice".

In subsection (c), "from the date" has been added following "(5) work days".

In subsection (d), "from the date" has been added following "(30) calendar days".

In subsection (e), "of" has been replaced with "from" following "(15) calendar days".

Proposed subsection (g) has been changed to read:

"If a client has any outstanding incurred expense due to the transferring vendor, such incurred expense must be paid in full in accordance with Section 240.935 and Section 240.1130, subsection (d)(4)(B)."

Section 240.1120:

Proposed subsection (f) has been changed to read:

"If a client has any outstanding incurred expense due to the transferring vendor, such incurred expense must be paid in full in accordance with Section 240.935 and Section 240.1130 subsection (d)(4)(B)."

Section 240.1130:

Proposed subsections (c) and (d) have been relettered (d) and (e) respectively and proposed subsection (e) has been deleted.

The following has been added as subsection (c):

"The effective date of transfer shall be within fifteen (15) calendar days from the date of the Case Action Notice and services shall be initiated by the receiving vendor without service interruption."

In adopted subsection (d), "or five (5) work days prior to the effective date of transfer, whichever provides the most notification to the

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receiving CCU," has been added at the end of the introductory paragraph.

The following has been added as subsection (d)(4):

"4) If a client who is transferring from one CCU to another CCU has any outstanding incurred expense due to the transferring vendor, the transferring CCU shall transfer the client's case record to the receiving CCU and:

A) advise the receiving CCU in writing not to begin the vendor selection process or initiation of service until such time as the transferring vendor has advised the receiving CCU in writing that payment in full has been received from the transferring client, and

B) notify the client in writing that services will be discontinued for non-payment of incurred expense for care in accordance with Section 240.935".

In adopted subsection (e)(4)(B), "original" has been changed to "old" following "Case Action Notice, the" and "old" has been added following "copy of the".

In adopted subsection (e)(5), "new" has been added following "signature on the".

Proposed subsection (g) has been deleted and proposed subsection (h) has been relettered (g).

In adopted subsection (h), "an initial" has been added following "perform"; "continuous" has been deleted; "of the client" has been added following "eligibility"; and, "of" has been changed to "from" following "(30) calendar days".

Section 240.1160:

In subsection (a), the following has been added at the end of the subsection:

"When the temporary transfer exceeds thirty-one (31) calendar days, the transfer is considered to be permanent (refer to Section 240.1130)."

In subsections (b), (c), (e)(2) and (e)(4), "transferring" has been changed to "managing".

In subsections (c)(1), (c)(2), (c)(5), (d) and (e), "receiving" has been

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changed to "temporary".

In subsection (c)(6), "and copies as appropriate" has been deleted.

In subsection (e)(2), "and the temporary vendor" has been added following "CCU".

Proposed subsection (f) has been changed to subsection (g) and the following has been adopted as subsection (f):

"The client/authorized representative shall advise the temporary CCU of the date of the client's expected return to his/her permanent residence no later than five (5) work days prior to the date of the client's return."

In adopted subsection (g), "transferring" has been changed to "managing".

In adopted subsection (g)(4), "and copies as appropriate" has been deleted.

Section 1170:

Subsection (b) has been changed to read:

"The Department shall notify the appropriate Case Coordination Unit (CCU) of the impending transfer and the effective termination date, and forward a copy of each notification to the respective transferring and receiving vendors."

Proposed subsections (b)(1), (b)(2) and (b)(3) have been deleted.

Subsection (d) has been changed to read:

"Within five (5) work days from the date specified by the Department in subsection (c), the CCU shall identify the receiving vendor for each client in the caseload, using the completed Client's Vendor Selection forms or the approved rotation plan, if a Client's Vendor Selection form has not been received."

Proposed subsections (d)(1), (d)(2), (d)(3) and (d)(4) have been deleted.

Proposed subsection (e) has been deleted and replaced with:

"e) Upon adequate notification by the Department of the vendor's intent to terminate its contract, the CCU shall:

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1) advise the receiving vendor verbally of the impending transfer of the client(s) and the date that service must be initiated for each client to prevent interruption of service;

2) send written notification to the client(s)/authorized representative(s) giving the date of initiation of service by the receiving vendor;

3) send a new Client Agreement - Plan of Care and Documentation for Determination of Need for each transferring client to the appropriate receiving vendor."

Proposed subsection (f) has been changed to subsection (h) and the following has been added as subsection (f):

"The time frame specified in subsection (e) above does not apply when an emergency procurement action is required due to contract termination and to prevent interruption of client services."

The following has been added as subsection (g):

"The client's/authorized representative's signature shall be obtained on the new Client Agreement - Plan of Care and copies distributed as appropriate."

Section 240.1180:

Proposed subsection (b) has been deleted and subsection (c) has been changed to subsection (b).

In adopted subsection (b)(2), "may" has been changed to "shall".

Section 240.1310:

In subsection (a)(3), "An Act" has been changed to "AN ACT" and the comma (,) following "Stat." has been deleted.

In subsection (a)(4), subsection titles (b) and (c) have been corrected to (B) and (C).

In subsection (a)(4)(C), "An Act in Relation to the Use of an Assumed Name in the Conduct or Transaction of Business" has been changed to "AN ACT in relation to the use of an assumed name in the conduct or transaction of business"; and, the comma (,) following "Stat." has been deleted.

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In subsection (a)(5)(B), "on an annual basis" has been deleted and replaced with "at the time of application for award or contract"; "is" has been deleted following "compliance with or"; "(as stated in the initial letter)" has been deleted; and, "Thereafter, a vendor shall provide a letter, certified by the vendor's Board of Directors, to the Department upon request, stating that the vendor remains in compliance or is exempt." has been added at the end of the subsection.

In subsection (a)(6), "Illinois Revised Statutes," has been deleted and replaced with "Section 6-1 of the Illinois Purchasing Act ("; periods (.) have been added following "Ill", "Rev" and "Stat"; the comma (,) following "Stat"; and, the comma (,) following "132.6-1" has been deleted and replaced with a closing parenthesis ()).

In subsection (b), a comma (,) has been added following "Illinois Human Rights Act, as amended"; "Stats.," has been changed to "Stat.,"; pars. 1-101 et seq.," has been added following "ch. 68"; ", (Title VII of the U. S. Civil Rights Act of 1964, as amended, (42 U.S.C. 2000e et seq. (1982)))" has been added following "1974, as amended"; ", (42 U.S.C. 2000d et seq. (1982))" has been added following "Civil Rights Act of 1964, as amended"; "the Federal" has been replaced with "Section 504 of 1964, as amended"; a comma (,) has been added following "1973, as amended"; "(29 U.S.C. 790 et seq. (1982))" has been added following "1973, as amended"; and, (Public Law 99-603, 100 Stat. 3359 (1986))" has been added at the end of the subsection.

In subsection (c), "to the Department" has been added following "certify"; "agency is" has been changed to "agencies are"; "as defined in Section 240.160" has been added following "sound"; "has adequate financial resources" has been deleted; "demonstrate" has been added following "or"; "such" has been replaced with "financial"; and, "its contract" has been changed to "their contracts".

In subsections (d) and (e), "may" has been changed to "shall".

In subsection (f), "CCP" has been deleted.

Subsection (f)(1) has been changed to read:

"Following review of the merger/consolidation/sale of assets documents by General Counsel, the Department will determine whether or not the merger/consolidation/sale of assets has resulted in an assignment of the contract (refer to subsection (d) above)."

Proposed subsection (f)(2) has been changed to subsection (f)(3) and the following has been added as subsection (f)(2):

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"If the merger/consolidation/sale of assets has not resulted in an assignment, the Department retains the right to terminate the contract if performance of the contract by the new corporate structure is not in the best interests of the CCP, such as a merger or consolidation with an entity which has a poor service history score or which has been subject to previous contract action by the Department or some other state or federal agency."

In adopted subsection (f)(3), "may" has been changed to "shall" and "immediate" has been deleted.

Section 240.1320:

Subsection (a)(2) has been changed to read:

"report to the Department, including any documentation which may have been obtained, regarding any alleged theft or missing items having value over \$50.00 or such unlawful activities which result in a police report."

Subsection (a)(3) has been changed to read:

"Failure of a CCU or vendor to make a report to the appropriate law enforcement authorities and to the Department shall result in contract action as delineated in Section 240.1665 for vendors and Subpart N for CCUs."

In subsection (b), "enforcements" has been changed to "enforcement".

In subsection (c)(2), "complete" has been added following "shall" and "make" has been deleted; "review" has been added following "immediate"; and, "investigation" has been deleted.

Subsection (c)(3) has been changed to read:

"If the Department determines that the allegations in the report are factual, based upon the above-cited review, the Department will advise the CCU or vendor in writing regarding what action shall be taken (e.g., no action, if in the best interests of the client; suspension; termination). (Refer to Sections 240.1399 and 240.1665 for vendors and Subpart N for CCUs.)"

In subsection (d), (Refer to Section 240.1665 for vendors and Subpart N for CCUs.) has been added at the end of the subsection.

Section 240.1399: "Purchase of Service Agreement" has been changed to

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"Contract" in both usages in the Section.

Section 240.1510:

In subsection (c), "budgeting and" has been changed to "budgeting related to"; a comma (,) has been added following "activities"; "shall ensure adequate payment and" has been deleted and replaced with "including"; ", client and worker protection," has been deleted, "ensure quarterly" has been deleted; and, "of same" has been deleted.

In subsection (e)(4), "and a copy thereof shall be provided to each employee" has been deleted.

In subsection (e)(5)(D), ", and copies, as appropriate, in the client's case record file" has been deleted and "Any employee problems which are related to client service should also be documented on the client's Case Record Recording Sheet." has been added at the end of the subsection.

In subsection (e)(5)(E), ", in the manner and form prescribed by the Department," has been deleted; "certification" has been replaced with "written confirmation"; a comma (,) has been added following "examination"; "including a tuberculosis test result," has been added following "examination, "; "a physician" has been changed to "an appropriately licensed professional"; and, the following has been added at the end of the subsection:

"Such confirmation shall either certify that the employee is in good health or that any illness or physical disability detected shall not present a risk to the client or prevent the employee from meeting the activities of the Client Agreement - Plan of Care. Any staff not having this written confirmation shall not provide services to Community Care Program (CCP) clients."

In subsection (e), ", which shall include signed Hours of Service Calendars, and other appropriate vendor documentation" has been deleted; and, "shall be retained for a minimum of five (5) years from the termination date of the vendor's contract with the Department" has been added at the end of the subsection.

Section 240.1520:

In subsection (a), ", as described in Section 240.1635" has been added at the end of the subsection.

Subsections (c)(1), (c)(2) and (c)(5) have been deleted and subsections (c)(3), (c)(4) and (c)(6) have been renumbered (c)(1), (c)(2) and (c)(3) respectively.

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Subsection (d) has been changed to read:

"All vendors providing CCP services must comply with all applicable local, state and federal laws, rules and regulations."

In subsection (e), the following has been added at the end of the introductory paragraph:

"Any temporary change or any temporary deviation from the plan of care must be documented by the vendor on the client's Case Record Recording Sheet."

Proposed subsections (e)(1) and (e)(2) have been deleted.

In subsection (f), "condition(s)" has been replaced with "needs"; and, ", when such change would affect the client's eligibility or service level or would necessitate a change in the plan of care" has been added at the end of subsection.

In subsection (g), "any request" has been changed to "requests" and "following" has been changed to "from".

In subsection (h)(1), "as indicated on the Hours of Service Calendar(s)," has been deleted.

In subsection (h)(3), "actual" has been deleted; "provided and" has been changed to "multiplied by"; and, "(see Section 240.870(a)(1))" has been added at the end of the subsection.

In subsection (h)(5), "an" has been changed to "a"; and, "and upon request" has been deleted.

In subsection (i), "An Act" has been changed to "AN ACT" and "thru 132.404" has been changed to "et seq."

In subsection (1), "following" has been changed to "from the date of"; ", if not Medicaid eligible, has been deleted; "may" has been changed to "shall" following "non-payment"; "Department" has been changed to "CCU"; and, a period (.) has been added following the parenthetical statement at the end of the subsection.

In subsection (m), "in the manner and form prescribed/approved by the Department" has been changed to "form"; and, "(Vendor's files shall contain signed Hours of Service Calendars and signed copies of the Client Agreement - Plan of Care which support the units of service billed for each client.)" has been deleted.

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In subsection (n), "(refer to Section 240.1950)" has been added at the end of the subsection.

In subsection (o), "120" has been changed to "thirty (30)"; and, "permission from" and "/Department" have been deleted.

In subsection (p), "to a non-Medicaid eligible client" has been deleted; ", in accordance with Section 240.935," has been added following "reimbursement"; and, "for the 120 calendar day period referred to in subsection (o) above" has been deleted and replaced with "not to exceed 120 calendar days".

In subsection (q), "Medicaid eligible" has been deleted; "/Department" has been deleted; "120" has been changed to "thirty (30)"; "procedures" has been deleted; and the following has been added to the end of the subsection:

"(see Section 240.935). If the client makes payment to the vendor for incurred monthly expense which has already been reimbursed to the vendor by the Department, the vendor shall reimburse the Department within thirty (30) calendar days from the date of receipt of payment from the client."

In subsection (r), "program" has been deleted; "audit guidelines promulgated by the Department" has been deleted and replaced with "Generally Accepted Accounting Principles (GAAP) adopted by the Financial Accounting Standards Board (High Ridge Park, Stamford, Connecticut; June 1, 1987), which are hereby incorporated by reference. (This incorporation includes no later amendments or editions).

In subsection (r)(1), "following" has been changed to "from the date of".

In subsection (r)(2), "240.2010" has been changed to "240.2020".

Section 240.1530:

In subsection (c)(2), "determine" has been changed to "ensure".

Proposed subsections (c)(3) and (c)(4) have been deleted.

In subsection (d), the second sentence (beginning with "The homemaker" and ending with "FTE requirement," has been deleted.

Section 240.1535:

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Proposed subsection (a) has been deleted and proposed subsections (b) and (c) have been changed to subsections (a) and (b) respectively.

Subsection (a)(1)(A) has been deleted and replaced with:

"documenting in the client's Case Record Recording Sheet;"

Subsection (a)(1)(C) has been changed to read:

"monitoring the service components of receipt procedures in the conduct of essential shopping and errands as stated in the plan of care."

In subsection (a)(1)(D), "quality, quantity and direction of" has been deleted; "service" has been changed to "services"; "is" has been changed to "are"; "through" has been changed to "as a result of"; and, "or on-site home visits" has been added at the end of the subsection.

Subsection (a)(1)(I) has been deleted and subsection (a)(1)(J) has been changed to subsection (a)(1)(I).

In subsection (a)(2)(B), "three (3)" has been changed to "two (2)"; and, "or in a comparable human service program" has been added at the end of the subsection.

In adopted subsection (b)(1)(B), "and R.N. Consultant" has been deleted.

In adopted subsection (b)(1)(C), "appropriate" has been deleted.

In adopted subsection (b)(1)(D), "money management and budgeting" has been changed to "essential shopping/errands".

In adopted subsection (b)(1)(E), "as recorded on the Hours of Service Calendar" has been deleted.

In adopted subsection (b)(2)(B), "; or one (1) year of documented prior supervised nurses aide, home health aide or private pay home service" has been deleted and replaced with "or in a comparable human service program".

In adopted subsection (b)(2)(C), the duplicate "work" has been deleted.

In adopted subsection (b)(2)(E)(ii), ", with another CCP contracted agency" has been deleted.

In adopted subsection (b)(2)(E)(iii), "twelve (12)" has been replaced with "three (3)"; "year" has been replaced with "quarter"; "of" has been

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replaced with "for" following "mandatory"; and, the following has been added at the end of the subsection:

"Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection (ii) above."

Section 240.1540:

In subsection (c)(1), "recommending policy and program changes to the Department" has been deleted.

In subsection (c)(2), "determine" has been replaced with "ensure".

Proposed subsection (d) has been deleted and proposed subsection (e) has been changed to subsection (d).

In adopted subsection (d), "(except for a R.N. Consultant as required in subsection (d) above)" has been deleted.

Section 240.1545:

Proposed subsection (a)(1)(A) has been deleted and replaced with:

"documenting in the client's Case Record Recording Sheet;"

Subsection (a)(1)(C) has been changed to read:

"monitoring the service components of receipt procedures in the conduct of essential shopping and errands as stated in the plan of care;"

In subsection (a)(1)(D), "quality, quantity and direction of" has been deleted; "service" has been changed to "services"; "is" has been changed to "are"; "through" has been changed to "as a result of"; chore-housekeepers" has been changed to "chore-housekeeper"; and, "or on-site home visits" has been added at the end of the subsection.

In subsection (a)(1)(G), ", as required" has been added at the end of the subsection.

Proposed subsection (a)(1)(I) has been deleted and replaced with:

"making home visits, as necessary, to provide hands-on training and assistance."

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In subsection (a)(2)(B), "two (2) years" has been changed to "one (1) year"; and, "or in a comparable human service program" has been added at the end of the subsection.

In subsection (b)(1)(C), "as recorded on the Hours of Service Calendar" has been deleted.

In subsection (b)(1)(D), "appropriate" has been changed to "chore-housekeeping" and "as required" has been deleted.

In subsection (b)(1)(E), "necessary" has been changed to "essential".

In subsection (b)(2)(A), "demonstrated" has been deleted.

In subsection (b)(2)(F)(ii), ", with another CCP contracted agency" has been deleted and "with" has been changed to "within".

In subsection (b)(2)(F)(iii), "receipt of" has been deleted; "twelve (12)" has been changed to "three (3)"; "year" has been changed to "quarter"; "; and" following "workers" has been changed to a period (.); and, the following has been added at the end of the subsection:

"Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection (ii) above."

Subsection (b)(2)(F)(iv) has been deleted.

Section 240.1550:

Subsections (b)(3) thru (b)(5) have been deleted and subsections (b)(6) thru (b)(9) have been changed to subsections (b)(3), (b)(4), (b)(5) and (b)(6) respectively.

In subsection (c)(3)(A), "a" has been added following "administered"; and, "a Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.) under the supervision of the Program Coordinator/Director who is a R.N." has been replaced with "licensed professional".

In subsection (d)(3)(A)(vi), "1983" has been changed to "1987".

In subsection (d)(3)(B)(i), "Marshall" has been changed to "Marshal"

In subsection (d)(5), "Humidity levels shall be maintained between 22% and 70% by utilizing humidifiers/dehumidifiers or air conditioning." has

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been deleted.

In subsection (d)(10), "where" has been changed to "when" and "may be" has been changed to "is".

In subsection (d)(14), "as recommended by the American Red Cross," has been deleted.

In subsection (e)(1), "at least" has been added following "meeting".

In subsection (e)(2)(D), "(see subsection (d)(3)(B)(ii) above) has been added at the end of the subsection.

Section 240.1555:

In subsection (a)(6), "a family member or guardian, or other responsible individual" has been changed to "the client's authorized representative of family member".

In subsection (b), "cares" has been changed to "care" in the second sentence; and, "plan of care" has been changed to "Client Agreement - Plan of Care" in the third sentence.

In subsection (c)(1), the title "Ratio of full-time or FTE staff to clients" has been added.

In subsection (e)(1), "This requirement is waived for staff with a documentation of prior employment for at least one year in an adult day care program." has been deleted and replaced with:

"Initial training may be exempt if a worker has had previous documented and supervised training, with another CCP contracted agency, within the past two (2) years prior to this employment equivalent to twelve (12) hours."

In subsection (e)(2), "twelve (12)" has been changed to "three (3)"; "year" has been changed to "quarter"; and, the following has been added at the end of the subsection:

"Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection (1) above."

Section 240.1560:

In subsection (a)(1)(A)(ii), "An" has been changed to "an".

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In subsection (a)(2)(B)(i), "total" has been deleted.

In subsection (a)(3)(B), "the Program Coordinator/Director who is" has been deleted and "an" has been changed to "a" following "supervision of".

In subsection (a)(3)(C)(vi), "providing dressings, etc." has been deleted.

In subsection (a)(4), "for those adult day care contractors who provide the transportation service component" has been added following "(vendor employed or contractual)" and the comma (,) following "Stat." has been deleted.

Proposed subsection (a)(5) has been deleted and replaced with:

"5) Nutrition Staff shall:

A) meet the following qualifications:

- i) at least one staff member handling/preparing foods at the adult day care site must have certification from the Department of Public Health as a Certified Food Handler;
- ii) a Nutrition Consultant shall be a registered member of the American Dietetic Association with experience in an agency setting, paid or in-kind.

B) Provide daily meals meeting requirements specified in Section 240.230(a)(5).

C) The Nutrition Consultant/Dietitian shall approve menus for adult day care vendors to meet requirements stated in subsection (B) above."

Proposed subsection (a)(6) has been deleted.

In subsection (b), "if" has been deleted and replaced with "either contractual or".

Proposed subsection (b)(1)(B)(iii) has been deleted and subsections (b)(1)(B)(iv) and (b)(1)(B)(v) have been changed accordingly.

In subsection (c)(4), "(see subsection (c)(1) above)" has been added at the end of the subsection.

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In subsection (c)(6), "who are not used to meet program requirements" has been added following "volunteers"; "meet the same" has been changed to "have two (2) hours"; "and in-service" has been deleted; and, "requirements as those required of staff for whom they act as substitutes" has been deleted.

Section 240.1565:

In subsection (a)(2), "in writing" has been added following "Request" and ", through established procedures," has been deleted.

Section 240.1570:

In subsection (a), "CCP" has been added following "access to".

In subsection (a)(3), "an" has been deleted and replaced with "CCP" following "conveniently/appropriately by".

Section 240.1575:

In subsection (b)(1)(A), "in the manner and form as prescribed by the Department" has been deleted and "including the reason for the relocation, the proposed relocation site and assurance that requirements specified in subsections (B)(i) and (B)(ii) below are met" has been added at the end of the subsection.

In subsection (b)(1)(B)(i), "240.925" has been changed to "240.1550".

In subsection (b)(1)(C), "following" has been changed to "from the date of".

In subsection (b)(1)(D), "(see Section 240.1550)" has been added at the end of the subsection.

In subsection (b)(1)(D)(i), "following" has been replaced with "from".

In subsection (b)(1)(D)(ii), "following" has been replaced with "from" and "relocation" has been replaced with "the written acknowledgement by the Department".

Section 240.1580:

In subsection (a), "following" has been replaced with "from"; "appropriate" has been deleted; and, "(CCU)" has been added following "Unit".

Subsections (b), (c), (d), (e), (f), (g) and (h) have been changed to subsections (d), (e), (f), (g), (h), (i) and (j) respectively.

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The following has been added as subsection (b):

"If there is an interruption of services provided to a client due to the failure of a contractual vendor to provide such services, the CCU shall assist the client in locating an individual or home care agency."

The following has been added as subsection (c):

"The Department shall authorize the individual or home care agency and shall guarantee a minimum of fifteen (15) calendar days of service provided by such alternative provider, if at the request of the alternative provider."

In adopted subsection (d), a comma (,) has been added following "provider"; "eligible applicant/" has been added following both usages of "selected by the" in the subsection; "rate usually charged by" has been replaced with "usual and customary rate of"; "home care agency/" has been added following "rate of the"; "eligible" has been added following "chosen by the"; and, "/client" has been added following "applicant".

Adopted subsection (e) has been changed to read:

"Payment shall continue, in accordance with subsection (c) above, only until such time as the Department's contractual vendor initiates provision of CCP services to the client, at which time service by the alternative provider shall be immediately terminated. The CCU shall verbally notify the alternative provider and the client of the date upon which service shall be initiated by the Department's contractual vendor."

In adopted subsection (f), "Payment" has been changed to "Request for payment" and "in the manner prescribed by the Department" has been deleted.

In adopted subsection (g) "/client's" has been added following "applicant's".

In adopted subsection (h), "An Act" has been changed to "AN ACT" and "thru 132.404" has been replaced with "et seq.".

Section 240.1590:

In subsection (a), "the client's authorized representative," has been added following "requested by the client,"; "family member or guardian,"

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and the comma (,) following "provider" have been deleted.

In subsection (c), "evidence of skills," has been deleted.

In subsection (d)(2), "unsatisfactory" has been deleted and replaced with "not meeting the client's needs as established in the Client Agreement - Plan of Care".

Subsection (e)(2) has been changed to read:

"the client's Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner;"

Subsection (f)(1) has been changed to read:

"whether the client, if transferred, will lose sufficient hours of service, based upon the Determination of Need through the eligibility process, which may place the client at very high risk; or".

In subsection (f)(2), "if" has been changed to "whether"; and, "(other than a spouse or a parent)" has been added following "relative".

In subsection (h), "at the current minimum wage in a manner and form prescribed by the Department" has been deleted.

In subsection (i), "An Act" has been changed to "AN ACT" and "to 132.404" has been changed to "et seq."

Section 240.1600:

In subsection (a), ", for services as described in Sections 240.210. 240.220, 240.230 and 240.250," has been added following "operate".

Section 240.1605:

In subsection (a), "(homemaker, chore-housekeeping, adult day care and demonstration/research services)" has been deleted; "providers" has been changed to "vendors" at the end of the first sentence; and, "provider" has been changed to "vendor" in the second sentence.

In subsection (b), the comma (,) following "Stat." has been deleted and "(CCP)" has been added following "Program".

Proposed subsection (c) has been deleted and subsection (d) has been changed to subsection (c).

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In adopted subsection (c), "(refer to Section 240.1635)" has been added following "proposals" and "may" has been changed to "shall".

The following has been added as subsection (d):

"d) In the event of an emergency, the request for proposal process will not be used, and the Department shall issue a temporary negotiated contract under the following circumstances:

- 1) service is immediately needed to prevent interruption of services to current clients, or
- 2) service is immediately needed to protect a client's health, safety or welfare, or
- 3) service is of such a nature or the market place is such that only one vendor is reasonably capable or willing to perform.
- 4) In the event that the Department is unable to issue a temporary negotiated contract, the Department shall transfer clients to another CCP service to ensure continuation of service to clients."

The following has been added as subsection (e):

"e) Temporary negotiated contracts shall be sought by the Department if the requirements, as stated above, are met. To the extent practicable, emergency procurements shall only be made during the emergency and only continue until the next eighteen (18) month procurement cycle solicitation (see Section 240.1610)."

Section 240.1610:

In subsection (a), "State of Illinois" has been replaced with "Illinois Purchasing Act (Ill. Rev. Stat. 1987, ch. 127, pars. 132.1 et seq.)"; "initial statewide" has been added following "opened for"; "all" has been deleted; "homemaker, chore-housekeeping and adult day care" has been added following "solicitation for"; and, "1989" has been changed to "1990".

In subsection (b), "(see Section 240.1625)" has been added at the end of the subsection.

In subsection (c), "caseload" has been deleted and changed to "contracts, which shall be randomly chosen,"; and, "in Fiscal Year 1989" has been deleted.

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In subsection (e), "may" has been changed to "shall"; "or mutual amendment" has been added following "termination"; "specified in Section 240.1600," has been deleted; and, "insure" has been changed to "ensure".

Proposed Section 240.1615 has been withdrawn and incorporated into Section 240.160.

Section 240.1625:

In subsection (c), "RFP" has been changed to "proposal".

The following has been added as subsection (d):

"d) All proposals shall be considered as submitted and may not be amended or revised except as determined by the Department upon submission of supportive evidence of an apparent clerical mistake or informality disclosed prior to award.

1) No corrections shall be permitted to make unresponsive proposals responsive to the rating criteria and proposal guidelines.

2) Allowable administrative corrections will be made by the Department within seven (7) calendar days from the date of receipt of supportive documentation (i.e., work papers).

Section 240.1630:

In subsection (a)(1), "(U.S. Census 1980)" has been replaced with "using the most recent U.S. Census data available".

In subsections (a)(2)(A) and (a)(2)(B), a comma (,) has been added following "poverty"; and, "(U.S. Census 1980)" has been replaced with "using the most recent U.S. Census data available".

In subsection (a)(3), "for single and multi-county contract service areas," has been added following "basis,"; "as determined by the Department," has been added following "interests"; "clients" has been changed to "client"; and, "population" has been added following "client".

Subsection (a)(5)(A) has been changed to read:

"At the applicant's request, the Department will consider placing a cap on the local vendor contract based upon the service needs of the local contract area."

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Section 240.1635:

In subsection (b), "and based upon the compliance review report completed in the previous contract period" has been added following "RFP" in the second sentence; "the best score assigned," has been added following "(+10) points"; and, "the poorest score assigned" has been added following "(-40) points".

In subsection (c), "and" has been added following "Department staff"; the comma (,) following "staff" has been deleted; "/designated others" has been deleted; and, "who have agreed to participate" has been added at the end of the subsection.

In subsection (c)(1), "participating" has been added following "determined by the"; and, "and/or designated others" has been deleted.

In subsection (c)(2), "of" has been changed to "or".

In subsection (d), "/designated other" has been deleted; and, "RFP" has been changed to "proposal".

Section 240.1640:

Subsection (b)(2) has been deleted and subsection (b)(1) has been changed to the second paragraph of subsection (b).

Section 240.1645:

In subsection (b), "Rules" has been changed to "rules".

In subsection (b)(2), "from the date" has been added following "calendar days"; "the" has been added following "date of"; and, in the last sentence, both usages of "may" have been changed to "shall".

In subsection (c), "Department" has been changed to "Director" in the second sentence.

Proposed subsection (e) has been deleted.

Section 240.1650:

In subsection (a)(6), "one a qualified supervisor" has been deleted; and, "Registered" has been changed to "Program".

Proposed subsections (a)(10)(i) thru (a)(10)(v) have been correctly labeled subsections (a)(10)(A) thru (a)(10)(E) respectively.

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Adopted subsection (a)(10)(D) has been changed to read:

"failure to have the required menu, special diet, catering and required sign-offs by a dietitian;"

In subsection (a)(11), "inappropriate/improper" has been deleted; "chore-housekeeping" has been changed to "chore-housekeepers"; "homemaker" has been changed to "homemakers"; and, "vendors" has been deleted.

Proposed subsection (a)(13) has been deleted and subsections (a)(14) and (a)(15) have been changed to subsections (a)(13) and (a)(14) respectively.

In subsections (b)(4) and (b)(5), "Unmet" has been changed to "Failure to meet".

In subsection (b)(16), the following has been added at the end of the subsection:

"as specified in Section 240.1550(d)(1) and (2)".

In subsection (c)(1), "subsections" has been added following "referred to in".

Proposed subsections (c)(2)(i) thru (c)(2)(vi) have been correctly labeled subsections (c)(2)(a) thru (c)(2)(f) respectively.

In subsection (c)(8), "three (3)" has been changed to "five (5)".

In subsection (c)(9), "that affects client service or eligibility" has been added at the end of the subsection.

In subsection (c)(10), "rule" has been changed to "any"; "of this Part" has been added following "requirements"; "specifically cited" has been added following "not"; and, "cited" has been deleted at the end of the subsection.

Section 240.1655:

In subsection (a)(1), "caseload and the respective" has been deleted.

In subsection (a)(2), "random" has been deleted; "other" has been deleted and replaced with "additional specific"; and, the following has been added at the end of the subsection:

"Review of the additional vendors will be based upon receipt of

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service incident report(s)/complaint(s)/violation(s) as specified in subsections (a)(3) and (a)(4) below."

In subsection (a)(3), "will" has been replaced with "shall"; "channeled" has been deleted and replaced with "made directly"; and, "or shall be referred to the '800 Unit' by the Department/Case Coordination Unit/vendor" has been added at the end of the subsection.

In subsection (a)(3)(A), "if valid," has been added following "validated and,".

In subsection (a)(3)(B), "/significant others" has been deleted.

Section 240.1665:

In subsection (d), "following" has been replaced with "from the date of" in the last sentence.

In subsection (e)(1) and (e)(2), "following" has been replaced from "from".

In subsection (g), "to" has been deleted and replaced with "by a paper work review of the objection data submitted by the vendor. The paper work review of the objection shall result in an on-site visit by the Department when confirmation of objection data must be tested on-site. The review shall".

In subsection (g)(2), "following" has been replaced with "from".

In subsection (i), "Type I violations shall not receive an extension of the 'On-Notice' period." has been deleted and replaced with "Such extension shall only be granted in order to complete required physical improvements at an adult day care site. Department-required extensions shall be granted in writing by the Department if an on-site visit by the Department is conducted during the course of the On-Notice period."

In subsections (j), "following" has been replaced with "from" and, "compliance Close-out" has been changed to "Compliance Review Close-Out".

In subsection (j)(1), "compliance Close-out" has been changed to "Compliance Review Close-Out Review".

In subsection (j)(2)(A), "review" has been added following "original"; "of client/vendor files" has been added following the first use of "sample"; "review" has been added following "new"; and, "of client/vendor files, if available" has been added following the second

use of "sample".

In subsection (j)(2)(B), "file" has been deleted and replaced with "review" following "original"; "of client/vendor files" has been added following the first use of "sample"; "file" has been deleted and replaced with "review" following "new"; and, "of client/vendor files," has been added following the second use of "sample".

In subsection (j)(2)(C), "file" has been deleted and replaced with "review" following "original"; and, "of client/vendor files" has been added following "sample".

Subsection (j)(3) has been correctly labeled, "review" has been added following "new"; "of client/vendor files" has been added following "samples"; and, "cannot be conducted" has been deleted and replaced with "results in drawing additional sample(s) of client/vendor files in order to conduct a proper compliance testing" at the end of the subsection.

In subsection (k), "Close-out" has been changed to "Close-Out".

In subsection (l)(2), "following" has been changed to "from the date of".

Subsection (m) has been changed to read:

"If objection to the close-out findings is received at the Department on or before the tenth (10th) work day, the General Counsel, together with appropriate staff of the Department, shall review the Compliance Review Close-Out Report objections and findings by a paper work review of the objection data submitted by the vendor. The paper work review of the objections shall result in an on-site visit by the Department when confirmation of objection data must be tested on-site. The review shall determine the validity of the objections as follows:"

In subsection (m)(2), "Close-out" has been changed to "Close-Out".

In subsection (o), "of" has been changed to "from".

In subsection (p), "may" has been changed to "shall".

In subsection (q), "following" has been changed to "from"; and, the following has been added at the end of the subsection:

", except for the contract action cited in subsection (p)(4) above. The appeal process applicable to subsection (p)(4) is specified in subsections (x) and (y) below."

In subsection (s)(3), "new review sample of client or vendor files" has been added following "on-site review".

In subsection (w)(1), the following has been added at the end of the subsection:

"and shall draw additional sample(s) of client/vendor files in order to conduct a proper compliance testing".

In subsection (x), the comma (,) following "notification" has been deleted; "the effective date of said termination and" has been added following "will be"; and, "or appeal" has been added following "conference".

In subsection (x)(1), "and written appeal data" has been added following "representation"; and, "or appeal" has been added following "conference".

In subsection (x)(2), "or appeal" has been added at the end of the subsection.

Subsection (y) has been changed to read:

"The Director shall review the recommended contract action of termination and the Department's written report of the face-to-face conference or appeal and make a final written response to the face-to-face conference or appeal on or before five (5) calendar days from the date of the face-to-face conference or appeal."

Section 240.1800:

In subsection (b)(7), "senior citizen" has been deleted and replaced with "policy/advocacy/research"; and, the period (.) at the end of the subsection has been changed to a semicolon (;):

The following has been added as subsection. (b)(8):

"one (1) service worker union representative."

In subsection (c), "sixteen (16)" has been changed to "seventeen (17)".

In subsection (d), "and willingness to serve" has been added at the end of the subsection.

Proposed subsection (g) has been deleted and proposed subsections (h) thru (n) have been changed to subsections (g) thru (m) respectively.

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Adopted subsection (h) has been changed to read:

"The Department will fill vacancies that have a remaining term of over one (1) year, and this replacement will occur through the annual replacement of expiring terms."

In adopted subsection (k), commas (,) have been placed following "Director" and "Chair".

Section 240.1850:

In subsection (d)(5), "management vendor" has been changed to "coordination unit"; and "as well as one representative each from the service worker union; and from an Area Agency on Aging; and" has been added following "representation".

The following has been added as subsection (d)(6):

"willingness to serve."

In subsection (e), "Ten (10)" has been changed to "Twelve (12)".

In subsection (g), "thirteen (13)" has been changed to "fifteen (15)".

Proposed subsection (j) has been deleted and proposed subsections (k) has been changed to subsection (j).

The following has been added as subsection (k):

"The Department will fill vacancies that have a remaining term of appointment of over one (1) year, and this replacement will occur through the annual replacement of expiring terms."

Proposed subsection (l) has been deleted and proposed subsections (m) thru (q) have been changed to subsections (l) thru (p) respectively.

Section 240.1910:

In subsection (a), "and federal and state changes in laws and rules affecting the Program" has been added at the end of the subsection.

Section 240.1920:

In subsection (c), "240.2040 and Section 240.2010" has been changed to "240.2020, and Section 240.2040"

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Section 240.1940: the proposed Section has been changed to subsection (a) and the following has been added as subsections (b), (c) and (d):

"b) The above cited fixed unit rate for adult day care and transportation services does not apply to those adult day care contract specific entities who, before or upon adoption of rule, have retained the adult day care unit rate structure which has transportation as a component of the adult day care service. These contract specific entities and this single adult day care rate structure will be authorized by the Department for the above cited entities only. The maximum unit rate will be published in the official state newspaper.

c) Those entities cited in subsection (b) above may, at any time during the contract period, request amendment to adopt the rate structure cited in subsection (a) above. At no time may an adult day care contractor who has, either by amendment or request for proposal process adopted the rate structure in subsection (a) above revert to the single adult day care rate structure.

d) Upon adoption of rule, all applicants for an adult day care contract, with the exception of contract specific entities cited in subsection (b) above, must apply under the fixed unit rate structure as cited in subsection (a) above."

Section 240.1950:

In subsection (a), "seven (7)" has been changed to "five (5)".

The following has been added as subsection (c):

"For the adult day care contract specific entities as cited in Section 240.1940 (b), the single rate structure will apply to all service components described in Section 240.230 with no rate differential for the Determination of Need score or transportation as described in subsections (a)(2)(A), (a)(2)(B), and (b) above."

Section 240.2010 has been withdrawn and incorporated into Section 240.160.

Section 240.2020:

In subsection (a), "Direct Service Worker Cost Certification and Detailed Cost Certification" has been added following "reports"; and, "and provided in a manner and form specified by the Department" has been deleted.

In subsection (b), "for care portion" has been deleted; and, "worker"

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has been added following "Service".

In subsection (c), "Direct Service worker costs of" has been added following "expenditures for".

In subsection (d), "within six months of the end of the reporting period" has been deleted and replaced with "as part of the audit requirement in Section 240.1520".

Proposed subsection (d)(1) has been changed to subsection (d)(2) and the following has been added as subsection (d)(1):

"1) The CPA's opinion on these statements may be limited to :

- A) the vendor used acceptable accounting methods to allocate costs, and
- B) the vendor's direct service worker costs are supported by vendor accounting records."

Proposed subsection (d)(2) has been deleted.

Section 240.2030:

In subsection (a), "expenses to the related party" has been deleted and replaced with "going market cost of the transactions to the vendor".

In subsection (1), "and" has been added at the end of the subsection.

In subsection (m), "; and" has been deleted and replaced with a period (.)

Proposed subsection (n) has been deleted.

Section 240.2040:

In subsection (a), "for care portion" has been deleted; and, "Worker" has been added following "Service".

In subsection (a)(1), "contract" has been replaced with "statewide".

In subsection (b), "one or more of" has been deleted.

Subsection (b)(1) has been changed to read:

"The vendor will be required to submit and observe a Department-approved corrective action plan which may include vendor payments

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to current direct service workers in an amount which will, in total, bring the vendor into compliance with the requirements in subsection (a) above."

Subsection (b)(2) has been changed to read:

"2) Failure by the vendor to submit and/or observe a corrective action plan shall result in the following Department sanctions:

- A) closure of intake (all or some contracts) for a period of time provided by written notice to the vendor; or
- B) termination (all or some contracts).

Proposed subsection (b)(3) has been deleted.

Section 240.2050:

In subsection (a), "direct service" has been changed to "Direct Service Worker".

In subsection (a)(3), a semicolon (;) has been added at the end of the subsection.

In subsection (b), "Administrative costs" has been changed to "Administrative Costs".

In subsection (c), "Program support costs" has been changed to "Program Support Costs".

12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
240.1400	New Section	13 111. Reg. 685: 1/20/89
240.1410	Amendment	13 111. Reg. 685: 1/20/89
240.1420	Amendment	13 111. Reg. 685: 1/20/89
240.1430	New Section	13 111. Reg. 685: 1/20/89
240.1440	New Section	13 111. Reg. 685: 1/20/89
240.1450	New Section	13 111. Reg. 685: 1/20/89

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Section Numbers	Proposed Action	Illinois Register Citation
240.1700	New Section	13 Ill. Reg. 685: 1/20/89
240.1705	New Section	13 Ill. Reg. 685: 1/20/89
240.1710	New Section	13 Ill. Reg. 685: 1/20/89
240.1715	New Section	13 Ill. Reg. 685: 1/20/89
240.1718	New Section	13 Ill. Reg. 685: 1/20/89
240.1720	New Section	13 Ill. Reg. 685: 1/20/89
240.1722	New Section	13 Ill. Reg. 685: 1/20/89
240.1725	New Section	13 Ill. Reg. 685: 1/20/89
240.1730	New Section	13 Ill. Reg. 685: 1/20/89
240.1735	New Section	13 Ill. Reg. 685: 1/20/89
240.1737	New Section	13 Ill. Reg. 685: 1/20/89
240.1738	New Section	13 Ill. Reg. 685: 1/20/89
240.1739	New Section	13 Ill. Reg. 685: 1/20/89
240.1960	New Section	13 Ill. Reg. 685: 1/20/89

15) Summary and Purpose of Amendments:

As adopted, these amendments represent the culmination of a process which was begun in July, 1985 to amend the Community Care Program rules. During that time, the Department worked hand-in-hand with the Governor's Contracting Task Force for implementation of service procurement policies, and Program vendors for development and implementation of a CCP Vendors' Bill of Rights.

16) Information and questions regarding this adopted rule shall be directed to:

Name: Melvin E. Koch
Policy and Rules Supervisor
Illinois Department on Aging
Address: 421 East Capitol Avenue
Springfield, Illinois 62701
Telephone: (217) 785-3356

The full text of the Adopted Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER II: DEPARTMENT ON AGING

PART 240

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240.2050	Cost Categories for Chore-Housekeeping and Homemaker Services

AUTHORITY: Implementing Section 4.02 and authorized by Section 4.01(1) of the Illinois Act on the Aging (Ill. Rev. Stat. 1981 1987, ch. 23, pars. 6104.02 and 6104.01(1)).

SOURCE: Emergency rules adopted at 4 Ill. Reg. 1, p. 67, effective December 20, 1979 for a maximum of 150 days; adopted at 4 Ill. Reg. 17, p. 151, effective April 25, 1980; amended at 4 Ill. Reg. 43, p. 86, effective October 15, 1980; emergency amendments at 5 Ill. Reg. 1900, effective February 18, 1981, for a maximum of 150 days; amended at 5 Ill. Reg. 12090, effective October 26, 1981; emergency amendments at 6 Ill. Reg. 8455, effective July 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 14953, effective December 1, 1982; amended at 7 Ill. Reg. 8697, effective July 20, 1983; codified at 8 Ill. Reg. 2633; amended at 9 Ill. Reg. 1739, effective January 29, 1985; amended at 9 Ill. Reg. 10208, effective July 1, 1985; emergency amendments at 9 Ill. Reg. 14011, effective August 29, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 5076, effective March 15, 1986; recodified at 12 Ill. Reg. 7980; amended at 13 Ill. Reg. 11193, effective July 1, 1989.

NOTE: Bold faced type denotes statutory language.

SUBPART A: GENERAL PROGRAM PROVISIONS

Section 240.110	Department Prerogative
<p>Other programs or demonstration/research projects or experimental facilities may be funded by the Department on a pilot basis when such are specifically designed as alternatives to institutional care. Such other programs or demonstration/research projects or experimental facilities shall be funded for purposes of providing alternatives to institutional care; permitting equal access to Community Care Program services; throughout the state or for evaluating the impact of the program; or for other purposes designated by the Department to be in the best interest of the Community Care Program.</p> <p>(Source: Amended at 13 Ill. Reg. 11193, effective July 1, 1989)</p>	
Section 240.120	Services Provided

- The Community Care Program (CCP) provides necessary services designed to prevent premature and unnecessary institutionalization of individuals determined eligible to receive such services.
- Services provided through the Community Care Program CCP are: homemaker, chore and housekeeping, adult day care, information and referral, case management, individual chore-housekeeping provider (closed caseload), alternative provider and other services made available through special demonstration/research projects of an experimental nature. Additionally, the Department makes payment, for and in behalf of an existing closed caseload, to individual household employees personally employed by each client.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.150 Completed Applications Prior to August 1, 1982
(Repealed)

The Department or its provider of services shall complete a determination of eligibility no later than September 1, 1982, with respect to any person who has submitted a completed application prior to August 1, 1982. A notice of eligibility, as specified in Section 240-614, shall be mailed to each such applicant within fifteen (15) days of the date of the determination of eligibility. Community Care services shall be provided to each individual determined eligible to receive such services within fifteen (15) days of the date on which the notice of eligibility is mailed.

(Source: Repealed at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.160 Definitions

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"Adequate plan of care" means a plan of care which provides the minimum services needed to protect the health, safety and welfare of a client.

"Adjusted rate" means a rate other than the established fixed rate of reimbursement.

"Administrative corrections" means allowable revisions to a proposal permitted and/or performed by the Department in cases of apparent clerical mistakes and in cases where the applicant/Department has reason to believe a mistake may have been made and verification from the applicant has been provided. Such actions shall be taken prior to award.

"Administrative costs" means those allowable costs related to the management and organizational maintenance of the vendor.

"Adverse action" means the denial of CCP service; a reduction in dollars in the monthly cost of care according to the CCP Client Agreement - Plan of Care; a change in service type (e.g., a change from chore-housekeeping to homemaker service which could increase the client's incurred monthly expense for care); or the termination from CCP service.

"Allegations" means unsubstantiated accusations or statements.

"Allowable costs" means those cost categories, as delineated in Section 240.2050, which will be considered in setting a fixed rate.

"Allowable maximums" means the highest authorized allocation available for services per month based upon Determination of Need scores.

"Appellant" means the applicant/client/authorized representative initiating an appeal as a result of Department action or inaction.

"Assistance with task" means giving aid or support in the performance of a task.

"Assistive device" means crutches, walker, wheel chair, hearing aid, etc.

"Authorized representative" means an agent designated, verbally or in writing, by the applicant/client to be his/her representative, or the applicant's/client's guardian. In the event that an applicant/client is unable to physically write his/her signature,

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the CCU may sign for the applicant/client at the applicant's/client's verbal request.

"Authorized representative of the vendor" means an owner, officer or employee of the vendor agency who has the authority to commit the agency to a financial and/or contractual responsibility.

"Authorized vendor" means a vendor who holds a valid contract with the Department to provide Community Care Program (CCP) services.

"Available resources" means assistance provided to an applicant/client by family/friend(s), church, community, etc.

"Best interest", as used in Section 240.1630, means the determined needs of the client population are being met.

"Burial merchandise" means gravesites, crypts, mausoleums, urns, caskets, vaults, gravemarkers or other repositories for the remains of deceased persons, shrouds, etc.

"Calendar year" means from January 1 through December 31.

"Capable person" means a person who is qualified to perform the functions required.

"CCU in good standing" (See: Contractor in good standing)

"Chore-housekeeping" means chore and housekeeping service.

"Close-out review" means a review performed at the close of the period of time allowed for correction of findings of non-compliance to determine if those corrections have been made and that the newly drawn review sample of client/vendor files reflects on-going compliance.

"Closed caseload" means a caseload restricted to those clients already receiving service and refers only to individual chore-housekeeping providers; no new clients shall be accepted and current clients who discontinue service for any reason will not be reinstated into this caseload.

"Community-based services" means services provided in a congregate setting in a client's community (i.e., adult day care).

"Comparable human service program" means a program that offers services that are similar to CCP services (e.g., home health aide, maid service).

"Compliance" means adherence to the CCP rules, policy and procedures and the contract with the Department, and all applicable federal, state and local laws/rules/ordinances.

"Components" means specified parts of the service as defined in the applicable Section.

"Confused and disoriented" means unable to clearly and accurately differentiate as to time, person and/or place.

"Continuous eligibility" means that the client has met eligibility requirements each time a subsequent redetermination was administered.

"Contract" means purchase of service agreement.

"Contractor in good standing" means a CCP contractor who is currently in compliance or within the permitted time frame allotted for remedy to come into compliance with the Department's rules and contract.

"Control date" means a starting point for purposes of calculating a time frame; the count begins the next work or calendar day.

"Cost report" means a report of all categorized allowable costs to a vendor which are directly associated with services purchased by the Department for its clients in categories as defined in Section 240.2050. The vendor shall use the Direct Service Worker Cost Certification and the Detailed Cost Certification forms.

"Daily Census maximum" means the total square footage of adult day care client-allotted space divided by 40 sq.ft. equals the daily maximum number of clients that may be served in the adult day care facility.

"Department" means the Illinois Department on Aging.

"Director" means the Director of the Illinois Department on Aging.

"Discontinuance" means the cessation of Community Care Program services provided to a client for non-payment of incurred expense for care.

"Documentation" means tangible documents or supporting references or records used to record client contact, determine eligibility or substantiate adherence to rules.

"Documenting" means making written entries on the Case Record Recording Sheet regarding contact with an applicant/client; and/or the viewing or receiving of a document to be placed in applicant/client/worker files to substantiate adherence to rules.

"Emergency" means a sudden unexpected occurrence demanding immediate action (e.g., client illness, illness/death of a member of the client's family, etc.).

"Errands" means performance of services outside the home such as essential shopping, picking up medications, and essential business needs as indicated in the plan of care.

"Escort" means accompanying those clients who are dependent on personal physical assistance to enable them to reach and use community resources in order to ensure their access to local services and to allow them to maintain independent living as required by the plan of care.

"Essential" means basic, indispensable or necessary.

"Exit Conference" means the meeting at the Illinois Department on Aging between representatives of the Department and the director, or his/her designee, of the reviewed agency to resolve the agency's objection to the findings of the Compliance Review Report. Such conferences shall be called when the findings evidence serious client-related concerns (e.g., Type I findings).

"Face-to-face" means direct communication while physically in the presence of another person or persons.

"Face-to-face review" means an informal review (see Section 240.425) conducted in the appeal process by the Department in the home of an appellant with the applicant/client (and appellant, if appellant is other than the applicant/client) present. (A hearing is conducted by a Hearing Officer - see Section 240.450.)

"FUTA" means the Federal Unemployment Tax Act.

"Fiscally sound agency" means a CCU or vendor which has on file at the Department documentation which supports that the CCU or vendor has adequate financial resources to perform the terms of the contract (e.g., a line of credit from a financial institution).

"Fraudulent information" means purposely erroneous or untruthful information.

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"Geographic area" means a physical area (e.g., county) of the State within which a contractor is authorized to provide services to Community Care Program clients.

"Historical costs" means the total allowable costs incurred for all programs the vendor provided for the previous reporting year, which are presented via certified report by the vendor.

"Home maintenance and repairs" means those non-routine tasks, excluding any work requiring a ladder or requiring specialized skills on the part of the worker, necessary to maintain a safe and healthful environment for the client as required by the plan of care (e.g., defrosting the refrigerator; cleaning the oven; dusting walls and woodwork; cleaning closets, cupboards and insides of windows; changing filters on and cleaning humidifiers; clearing hazards from outside steps and sidewalks if transportation and/or escort is required by the plan of care; replacing light bulbs).

"Imminent" means likely to occur (e.g., injury or Institutionalization).

"Incomplete proposal" means the written offer to the Request for Proposal (e.g., attachments, appendices) which fails to include all requirements as stated in the Request for Proposal.

"Incurred monthly expense" means the client's share of the cost of care for CCP services provided during a previous monthly period.

"Informal review" means the act of determining the facts relating to an appeal in an informal manner by the Department (see Section 240.425).

"Informality" means an irregularity which is a matter of form or variation from the exact requirement of the Request for Proposal, the correction or waiver of which would not be prejudicial to other applicants (e.g., failure to return number of copies of signed proposals as required by the Request for Proposal).

"In-home services" means services provided in the client's residence with the client present or on behalf of the client (e.g., homemaker, chore-housekeeping services).

"Intermediate Care Facility (ICF)" means a facility which provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long term illnesses or disabilities which may have reached a relatively

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stable plateau (89 Ill. Adm. Code 101.20).

"Licensed Practical Nurse (LPN)" means a nurse who has graduated from a formally approved program of practical nursing education and has been licensed by the appropriate state authority.

"Mandated time period" means the time frame required by pertinent rule.

"M.D." means medical doctor who is registered in the State of Illinois.

"Memorandum of Understanding" means a written document, executed by the applicant/client/authorized representative, CCU representative and vendor representative in which all parties agree to cooperate, and in which activities are specified which must be fulfilled by each party thereto.

"Observing client's functioning" means watching for any change in the client's needs which could indicate that a redetermination of eligibility and/or a revision in the Client Agreement - Plan of Care is necessary (e.g., client is experiencing increasing difficulty in walking, client is becoming increasingly confused and disoriented, client's daughter is no longer available to prepare meals for the client, etc.).

"Occupancy costs" means the costs of depreciation, amortization of leasehold improvements, rent, property taxes, interest and other related costs.

"On-Notice" means the Department sanction imposed on a vendor or CCU requiring that vendor or CCU to bring specified service(s) or requirements into compliance.

"Parent organization" means an entity to which the contractual party is a subsidiary.

"Performance of task" means to carry out an action, function or process.

"Period of stay" means a period of time during which implementation of a contract action is temporarily delayed.

"Planning and Service Area (PSA)" means a designated geographic area.

"Post-screening" means screening performed after a client has

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entered a nursing home due to an emergency situation or oversight without prescreening.

"Potentially" means having the capability of occurring but not yet in existence (e.g., deterioration in the client's condition).

"Program support costs" means those allowable costs not included as direct service or administrative costs.

"Proposal" means the written offer made by an applicant in response to Department Request for Proposal.

"Reasonable" means using and showing reason or sound judgement, sensible, not excessive.

"Reasonable and diligent effort" means perseverance on the part of the applicant/client in his/her attempt to dispose of the asset (e.g., as evidenced by copies of the advertisement for sale of the asset).

"Registered Nurse (RN)" means a nurse who has graduated from a formal program of nursing education and has been licensed by the appropriate state authority.

"Reinstatement" means the resumption of services, within an established time frame, at the same level provided prior to a suspension/discontinuance of the services.

"Related parties" means any other entities having a legal or contractual relationship with the contractual party.

"Request for Proposal (RFP)" means a form of invitation to bid which the Department uses to obtain homemaker, chore-housekeeping, adult day care services and demonstration/research projects under the Community Care Program (CCP). The RFP explains the purpose of the invitation to bid, outlines the scope of the work and solicits proposals from vendor agencies for the funding of services undertaken by the Department.

"Responsible person" means a capable person who does not appear to be disoriented or confused and is presumed to be acting in the best interest of another individual.

"Rotation plan" means a Department approved plan for the equitable distribution of clients to vendors (used only if client does not indicate a choice of vendors).

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"Routine procedures" means procedures performed in a hospital which result in no perceptible change in the client's physical/mental health needs (e.g., tests, blood work-ups, x-rays, dialysis, etc.).

"Service area" means any area in which a vendor has been awarded a contract to provide CCP services.

"Skilled Nursing Facility (SNF)" means a group care facility licensed by the Illinois Department of Public Health which provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post-acute phase of illness or during reoccurrences of symptoms in long-term illness (89 Ill. Adm. Code 101.20).

"Special diet" means a dietary restriction based upon the health and safety needs of the client and prescribed by a physician (e.g., sodium free, fat, protein, diabetic, etc.); whereas a modified diet relates to a diet containing easy to chew foods. A modified diet may be part of a specialized diet.

"State fiscal year" means from July 1 through June 30.

"Suspension" means the temporary cessation of the provision of Community Care Program services provided to a client.

"Suspension of referrals" means closed intake of new clients to the specific contractor.

"Termination" means the permanent cessation of the provision of Community Care Program services and eligibility of services.

"Threat" means the existence of circumstances that indicate the intent of an individual or group to destroy the property of or to injure or punish another individual or group. Such circumstances might be the display of a weapon at an adult day care center.

"Too highly impaired applicant/client" means an applicant/client who needs 24 hour a day care, for whom CCP cannot develop a plan of care to protect his/her physical, mental and environmental needs and who does not have sufficient outside support from family, friends, church, et.al., to provide for those needs (as determined by Part B - Unmet Need for Care - of the Community Care Program Determination of Need). (Refer to Section 240.715.)

"Unallowable costs" means those costs which will not be considered

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in determining the fixed rate or in meeting the required minimum direct service expenditure.

"Unit of service" means a measured length of service, such as an hour, a day, a visit, a one-way trip, or some other measurable service component that will enable the Department to determine the amount of service provided individually or in aggregate to or on behalf of a client.

"Validation of vendor community experience" means the documentation of letters from community agencies attesting to experience with the vendor within the community.

"Validity of client billing" means the accuracy of the billing and documentation thereof.

"Vendor community experience" means documentation of having provided a service(s) within the community in which the vendor has applied to provide CCP services.

"Vendor in good standing" (See: Contractor in good standing)

"Vendors" means those service providers with whom the Department does business through contracts on a reimbursable basis for units of service delivery to specified clients.

"Work days" means Monday through Friday at a minimum, excluding vendor designated holidays.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89.)

SUBPART B: SERVICE DEFINITIONS

Section 240.210 Homemaker Service

Homemaker service is defined as general non-medical support by supervised supervised homemakers who have received specialized training in the provision of homemaker services. The purpose of providing homemaker service is to maintain, strengthen and safeguard the functioning of individuals and families in their own homes when no responsible and capable person (an adult individual who is not disoriented or confused) is available for this purpose, in accordance with the authorized plan of care.

a) Service Components

Specific components of homemaker service may shall include, but are not limited to the following:

- 1) Teaching of meal planning and preparation, housekeeping skills,

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money management and budgeting, shopping skills and home maintenance;

- 2) Performance of or assistance with essential shopping/errands, which may include handling the client's money. Proper accounting to the client of money handled and provision of receipts are required. These tasks shall be performed as specifically required by the plan of care and shall be monitored by the homemaker supervisor;

- 32) Assistaneeg with self-administered medication limited to: (i.e., reminding the client to take his/her medications, reading instructions for utilization, or uncapping medication containers, providing the proper liquid and utensil with which to take medications); these activities should be done as necessary or if they are not being met by another source

- 43) Assistaneeg with following a written special diet plan (such as diabetic, low sodium, gall bladder, ulcer, or high residue diets) and reinforcement of diet maintenance (can only be provided under the direction of a physician and supervised by a registered nurse and as required by the plan of care);

- 54) Superviseing and assisting with and/or the performance of activities of daily living in paragraphs subsections (1), (2), and (3) and (4) above and items specified in paragraph subsection (7) below;

- 65) Observing client's functioning and reporting to the appropriate professional supervisor as required;

- 76) Non-medical Performing/assisting with personal care tasks (e.g., shaving; hair shampooing and combing; assistance with bathing and sponge bath, shower bath or tub bath; assistance with tub bath which is limited to preparing and monitoring only when the client is able to enter and exit the tub by him/herself; dressing; brushing and cleaning teeth and/or dentures and preparation of supplies therefore; transferring client; and assisting client with range of motion);

- 87) The service components below Performance of chore-housekeeping tasks as described in 240.220 are considered appropriate only when provided in conjunction with one or more of the service components listed in subsections (1) thru through 6 (7);

- A) Housekeeping tasks (e.g., cleaning, shopping, meal preparation, and simple repairs).

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- B) Transportation or escort to medical facilities, errands, shopping and miscellaneous family/individual business necessary to the client's welfare.
- 9) Escort to medical facilities, errands, shopping and individual business as specified in the plan of care.
- b) Homemaker service may include transportation to medical facilities, for essential errands/shopping or for essential client business with the client as specified in the plan of care.

cb) Unit of Service

- 1) One unit of homemaker service is one hour of direct service provided to the client in the client's home, or while providing transportation/escort to medical facilities, or running errands, and/or shopping in behalf of the client.
- 2) For services which the vendor was unable to provide due to either the client's absence without prior vendor notification or refusal to admit the worker into the home to provide service (see Section 240.350), one (1) unit of documented homemaker service per occurrence will be reimbursed to the homemaker vendor to a maximum of two (2) units per client per State fiscal year.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.220 Chore-and Housekeeping Service

Chore- and housekeeping service is defined as assistance with performance of household tasks and/or assistance with personal care under the direct supervision of the client, family member, authorized representative, or other responsible and capable person (an adult individual who is not disoriented or confused), in accordance with the authorized plan of care.

a) Service Components

Specific components of chore- and housekeeping service may shall include, but are not limited to the following:

- 12) Performing routine housekeeping tasks such as making and changing beds, dusting, washing dishes, vacuuming, cleaning and waxing floors, keeping the kitchen and bathroom clean, and doing laundry laundering the client's linens and clothing; all tasks related to shopping including responsibility for

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appropriately handling money; simple repairs; meal preparation; and such seasonal maintenance tasks as defrosting the refrigerator; cleaning the oven; and dusting walls and woodwork; and cleaning closets, cupboards and inside windows home maintenance and repairs.

- 23) Performance of or assistance with essential shopping/errands which may include handling the client's money. Proper accounting to the client of money handled and provision of receipts are required. These tasks shall be performed as specifically required by the plan of care and shall be monitored by the chore-housekeeping supervisor.

- 31) Under specific direction of the client, family member, or guardian, authorized representative or other responsible and capable person, assistee with self-administered medication, limited to: reminding the client to take his/her medications, reading instructions for utilization, uncapping medication containers, and providing drinking water and/or spoon the proper liquid and utensil with which to take medications.

- 43) Accompanying the client Escort to medical facilities, errands, shopping and family/individual business as specified in the care plan of care.

- 5) Observing client's functioning and reporting to the supervisor;

- 64) Under specific direction of the client, family member, or guardian, or authorized representative, or other responsible individual, assistee with non-medical personal care tasks (e.g., shaving; hair shampooing and combing; assistee with sponge bath or shower bath; assistee with tube bath which is limited to preparing and monitoring only when the client is able to enter and exit the tub by him/herself; dressing; brushing and cleaning teeth and/or dentures and/or in preparation of supplies theretofore.) Additional services are only possible when the chore worker meets the homemaker requirements (e.g., training and supervisor to worker ratio). The service components are considered appropriate only when provided in conjunction with one or more of service components i thru 3. Assisting with the above services is only possible when the chore worker meets the homemaker requirements (e.g., training and supervisor to worker ratio). The service components are considered appropriate only when provided in conjunction with one or more of service components listed in subsections (1) through (3).

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- b) Chore-housekeeping service may include transportation to medical facilities, for essential errands/shopping or for essential client business with the client as specified in the plan of care.

c) Unit of Service

- 1) One unit of chore- and housekeeping service is one hour of direct service provided to the client in the client's home, or while providing transportation/escort to medical facilities, or running errands, and/or shopping in behalf of the client.
- 2) For services which the vendor was unable to provide due to either the client's absence without prior vendor notification or refusal to admit the worker into the home to provide service (see Section 240.350), one (1) unit of documented chore-housekeeping service per occurrence will be reimbursed to the chore-housekeeping vendor to a maximum of two (2) units per client per State fiscal year.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.230 Adult Day Care Service

Adult day care service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention; and promoting social, physical and emotional well-being; and offering an alternative to premature institutional care in a structured setting.

a) Required Service Components

- 1) Provide/ or arrange for transportation, (with at least one vehicle handicapped accessible), to enable clients to attend the adult day care center and participate in sponsored outings.
- 2) In consultation with the client, the client's physician, family member or guardian, or other responsible individual, and the multidisciplinary day care team, development of a specific client written individualized adult day care plan of care and which establishes specific goals appropriate to the client's individual functioning status and limitations and service components to be addressed and provided in the adult day care setting. The individualized plan of care must be consistent with the assessment of need and care plan developed by the Case Coordination Unit as required by Sections 240.423, 240.610, 240.950 and 240.960 established within the fourth

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(4th) week of service by the adult day care team consisting of Program Coordinator/Director and Program Nurse, and may include other staff at the option of the Program Coordinator/Director. The individualized plan of care will address the needs identified by the Case Coordination Unit (CCU) and established in the Client Agreement - Plan of Care prepared by the CCU and approved by the client's Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner in accordance with Section 240.730. The client/authorized representative/representative/family member will be consulted and advised of the establishment of the individualized plan of care. Activities specified, which have been delineated in this Section as service components, will be included in the individualized plan of care. The individualized plan of care may be modified to reflect any change in the client's condition.

- 3) Nursing services, provided by the Program Nurse, including, but not limited to; evaluation of the client's needs, routine health monitoring and supervision/ and/or administration of medication(s).
- 4) Assistance as needed with activities of daily living (e.g., walking, eating, toileting and personal care).
- 5) A daily meal and supplementing snacks meeting one-third (1/3) of the Adult "Recommended Daily Dietary Allowances" as established in by the Food and Nutrition Board of the National Research Council -National Academy of Sciences-National Research Council, 9th Rev. Edition, 1980. Supplementary nutritious snacks shall also be provided, and special diets shall be provided as directed by the client's physician.
- 6) An activity program including: reality orientation (activities designed to promote the client's awareness of time, space, objects and persons); resocialization and stimulation (activities to encourage and assist clients to interact with staff and other clients); and supportive counseling (active listening, attention to expressed client's needs and suggestions, and guidance to promote interactions with others).
- 7) Rest periods when needed or prescribed.
- 8) Maintenance of the client's individual case record in adult day care files as required by Sections 240.230 340 240.950 and 240.960 1520 and 240.970.

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b) Optional Service Components

- 1) Rehabilitative services, including physical therapy, occupational therapy, speech and hearing therapy. Personnel qualified to provide these services are adult day care staff who have been trained to administer specific procedures by a licensed professional and who perform these procedures under direction of the are licensed professionals. These services are to be provided under written physician direction, instruction or order of the client's physician. Each treatment and monthly progress notes must be recorded.
- 2) Skilled nursing services, including catheter installation, irrigations and care, dressings, enemas, oxygen therapy, suction/posturing, ostomy care and restorative nursing such as bladder retraining. (All above procedures/interventions require physician orders and shall be performed by a Registered Nurse.)
- 3) Shopping assistance.
- 4) Escort to medical and social services.

AGENCY NOTE: Reimbursement for costs of optional services is not included in the unit rate paid by the Department and will not be paid by the Department.

c) Unit of Service

- 1) One unit of adult day care service is defined, as at a minimum, of as five (5) direct client contact hours, (excluding transportation time), of service provided to an eligible client. The Community Care Program will not provide reimbursement for more than one (1) unit of adult day care service in a twenty-four (24) hour period.
- 2) One unit of documented adult day care transportation, provided by the adult day care vendor, is defined as a one-way trip per client to or from the adult day care site and the client's home. No more than two units of transportation shall be provided per client in a twenty-four (24) hour period, and shall not include trips to a physician, shopping, or other miscellaneous trips.
- 3) For services (including transportation, if specified in the plan of care) which the vendor was unable to provide due to the client's absence without prior notification (see Section

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240.350), one-half (1/2) unit of documented adult day care service per occurrence, based upon the vendor's contractual rate structure, will be reimbursed to the vendor to a maximum of one (1) unit per client per State fiscal year.

- 4) Those adult day care contract specific entities who, upon adoption of rule, have retained the adult day care unit rate structure which has transportation as a component of the adult day care service, will retain this service and rate structure.
- 53) Refer to Section 240.1950.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.240 Information and Referral

Information and Referral service is defined as Assistance, including outreach activities, to individuals to enable them to gain access to appropriate services and to receive services.

a) Service components of information and referral include:

- 1) A brief assessment of the individual's needs to facilitate appropriate referral to and follow-up with community resources;
- 2) Assisting individuals in applying for benefits provided by federal, state and local agencies;
- 3) Follow-up;
- 4) Information and referral may also encompass program-related public information efforts.

b) Unit of Service

One unit of information and referral service is one (1) incoming telephone call received by the professional information and referral staff.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.250 Experimental Projects Demonstration/Research Projects

- a) Demonstration/research projects are defined as Facilities and nonmedical services designated to test or demonstrate, as specified in Section 240.110, effective service delivery to older persons

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individuals 60 years of age and older to prevent/ or reduce the incidence of premature or inappropriate institutionalization. These projects are study programs testing the feasibility of new types of services, service delivery methods or service components which, as a result of the demonstration/research, will be considered for incorporation in the Community Care Program.

b) Unit of Service

A unit of service for a demonstration/research project shall be as stated in each contract/grant executed.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.260 Case Management Service

Case Management service is defined as the provision of comprehensive needs assessment and service coordination by Case Coordination Units (CCUs) to assist an older person to gain access to and receive needed services.

a) Service Components

Specific components of case management service include the following:

- 1) Review of all inquiries to determine if application for Community Care Program (CCP) services is desired, and maintenance of inquiry log.
- 2) Distribution and assistance with completion of Community Care Program applications.
- 3) Performance of determinations/redeterminations of eligibility, including comprehensive assessments, plan of care development, and authorization of CCP services.
- 4) Availability to receive client inquiries and requests, by telephone or in person, and to respond to such inquiries and requests.
- 5) Nursing home prescreenings.
- 6) Department of Mental Health and Developmental Disabilities (DMHDD) Level I identification screenings.
- 7) Provide referrals to other needed services.

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- 87) Implementation of services and client transfers.
- 98) Authorizations of all actions related to the disposition of CCP services as required by CCP rules 240.100 through 240.2050.

b) Unit of Service

Several different types of units constitute case management services for which reimbursement is made.

- 1) Completion of one initial eligibility determination for Community Care Program services constitutes one unit.
- 2) Completion of one required annual redetermination of Community Care Program eligibility within the fiscal year constitutes one unit.
- 3) Completion of one interim redetermination of eligibility:
 - A) following an initial eligibility determination, if conducted within the same fiscal year; or
 - B) following an annual redetermination of eligibility if conducted within the same fiscal year.
- 4) Completion of one face-to-face prescreening of an applicant constitutes one unit.
- 5) Completion of one Department of Public Aid Interagency Certification of Results - Determination of Imminent Risk Form, following prescreening by hospital discharge staff constitutes one unit.
- 6) Availability to receive client inquiries and requests, by telephone or in person, and to respond to such inquiries and requests, for each active client per month, constitutes one unit.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.270 Alternative Provider

- a) Alternative providers may be either chore-housekeepers or homemakers. An alternative provider is defined as an individual or an agency selected by the client, assisted by the Case Coordination Unit (CCU), and authorized by the Department to provide Community Care Program services to a client only if the following criteria are met:

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- 1) a contractual vendor has failed to provide the services as required by the plan of care; and
- 2) there is no contractual vendor available to provide the services as required by the plan of care.
- b) Alternative providers may be supervised by the client or agency providing the services, as required by the plan of care. The service components and hours of service to be provided, as required by the plan of care, shall conform to the service components as defined in Section 240.210 or Section 240.220 as appropriate.
- c) The appropriate CCU shall be responsible for monitoring of alternative provider services.
- d) An alternative provider shall be authorized by the Department prior to provision of services to the client.

e) Unit of Service

- 1) One unit of alternative chore-housekeeping/homemaker service is one hour of direct service provided to the client while in the client's home, while providing transportation/escort to the client to medical facilities, or while performing essential errands/shopping or conducting essential client business with or on behalf of the client.

- 2) For services which the vendor was unable to provide due to either the client's absence without prior vendor notification or refusal to admit the worker into the home to provide service (see Section 240.350), one (1) unit of documented chore-housekeeping/homemaker service per occurrence will be reimbursed to the alternative chore-housekeeping/homemaker vendor to a maximum of two (2) units per client per State fiscal year.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.280 Individual Chore-Housekeeping Provider

- a) An individual provider is defined as a chore-housekeeper selected, employed, trained and supervised by the client or authorized representative and reimbursed by the Department on behalf of the client, with the following exceptions:
 - 1) spouses shall not be reimbursed for Community Care Program

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- (CCP) care for spouses, or
- 2) parents shall not be reimbursed for CCP care for dependent children.
- b) Service components shall include the following as specified in the plan of care and under specific direction of the client or authorized representative.
 - 1) Tasks relating to shopping and responsibility for appropriately handling money, deposits, bill paying, etc.
 - 2) Performing routine housekeeping tasks such as making and changing beds, dusting, washing dishes, vacuuming, cleaning and waxing floors, keeping the kitchen and bathroom clean, laundering the client's linens and clothing, meal preparation, and home maintenance and repairs as defined in Section 240.160.
 - 3) Transportation/escort to medical facilities, essential errands, shopping or essential client business with the client as specified in the plan of care.
 - 4) Assistance with personal care tasks (e.g., assistance with medication, limited to uncapping medication and providing the proper liquid and utensil with which to take the medication; shaving; hair shampooing and combing; assistance with sponge bath or shower bath; assistance with tub bath which is limited to preparing and monitoring only when the client is able to enter and exit the tub by him/herself; dressing; brushing and cleaning teeth or dentures and in preparation of supplies theretofore).
 - 5) Observing client's functioning and reporting to the Case Coordination Unit.
- c) The individual chore-housekeeping service is a closed caseload and is not available to new applicants/clients who currently are not receiving this service.
- d) Unit of Service

One unit of individual provider service is one hour of direct service provided to the client in the client's home; while transporting/escorting the client to medical facilities; while performing essential errands/shopping or conducting essential client business with/on behalf of the client.

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(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART C: RIGHTS AND RESPONSIBILITIES

Section 240.300 Applicant/Client Rights and Responsibilities

The Department must will administer the Community Care Program (CCP) in such a way as to afford assure certain rights to applicants/clients. In addition, the Department must will assure that applicants/clients receive an complete explanation of their rights and responsibilities. A copy of the rights and responsibilities of a CCP applicant/client shall be provided in written format to all applicants/clients during the initial home visit for determination of eligibility or upon request by the applicant/client.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.310 Right to Apply

Any individual desiring to file an application for Community Care Program (CCP) services shall have the right to apply for those services and to receive a written decision relative to that application.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.330 Freedom of Choice

a) An individual has the right to apply for and, if eligible, to receive available Community Care Program (CCP) services. An individual may choose at any time not to receive services for which eligibility has been determined.

b) A CCP client shall have the right to choose an appropriate Department authorized vendor(s) in the client's geographic area of residence to provide the service needs of the client:

- 1) at the time of initial determination of eligibility of the client; or
- 2) at the time of determination of presumptive eligibility for interim services; or
- 3) at any time the client requests a change of vendor(s); or
- 4) at the time of a Department-initiated total or partial caseload transfer.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.340 Confidentiality/Safeguarding of Case Information

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a) For the protection of applicants/clients, any information about an applicant's/client's or case is confidential and may be used only for purposes directly related to the administration of the Community Care Program. Information which is considered to be included in the administration of the program is as follows:

- 1) Establishing an applicant's/client's initial/ and/or continuing eligibility;
- 2) Establishing the extent of an applicant's/client's assets, income, cost of care share determination of the expense to be incurred by the client for care, and determination of need under the program CCP;
- 3) Finding and making linking needed services and resources available to an eligible client;
- 4) Assuring the health and safety of the client.
- 5) Collecting data for the Department's demonstration/research projects.

b) Use of information for commercial, personal, or political or other purposes not specified in this Section is specifically prohibited.

c) The Department, Case Coordination Units (CCUs) and vendors shall inform all agencies and governmental departments to whom information is furnished that this material is confidential and must be so considered by the agency or governmental department.

d) Any information received from other agencies or persons, which includes the express statement that the information is not to be released to the client or to any other person or agency under any circumstances, is prohibited from release as case information. Requests for such information shall be referred to the originator of the restricted information.

e) If any information about a client or document contained in the applicant's/client's case file is to be used for any purpose other than the administration of the Community Care Program, the Case Coordination Unit or the vendor shall obtain a Release Information form signed by the applicant/client/authorized representative. The Release Information form shall be placed in the applicant's/client's file.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

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Section 240.350 Applicant/Client/Authorized Representative Cooperation

- a) Applicant/client cooperation in determining initial and continuous eligibility is required. Cooperation means providing factual information to be utilized in determining initial and continuing eligibility for the Community Care Program and/or the type, level and amount of services to be provided, as well as, providing assistance in securing factual information in those cases in which factual information must be obtained from collateral sources.
- b) Failure of the applicant or client to cooperate will result in denial, termination or discontinuance of Community Care services based upon the Department's inability to determine current eligibility.
- c) Applicants and clients are also required to cooperate with special Department programs conducted for purposes of obtaining or verifying information, financial or non-financial, upon which eligibility may depend.
- d) Clients are required to cooperate with the Department, CCUs and vendors in requests related to the provision of services and with procedures of the Community Care Program.
- e) Applicants and clients are required to provide a mailing address and sufficient information to enable the Department, CCU or vendor to locate the applicant/client. For example, the applicant/client may provide the name, address and telephone number of a contact through whom the applicant/client can be located and/or it may be necessary for the applicant/client to provide direction to his/her home.

Applicant(s)/client(s)/authorized representative(s) shall cooperate with the representatives of the Department/Case Coordination Units (CCUs)/vendors in determinations of eligibility or provision of Community Care Program (CCP) services.

- a) Failure to cooperate in the actions specified below shall be considered non-cooperation and shall be cause for suspension.
 - 1) A client/authorized representative shall notify the office of the vendor at least one (1) day in advance when the client will not be present in his/her home to receive scheduled services.
 - A) If the client's absence from his/her home on a day services are scheduled is due to an emergency, the client/authorized representative shall advise the office

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of the vendor as quickly as possible and it will not be considered non-cooperative.

- B) The vendor shall document the absences of the client without prior notification thereof (except any absence caused by an emergency) and shall be reimbursed by the Department for two (2) such absences (refer to Section 240.210 or 240.220 as appropriate).
 - C) Two (2) such documented absences within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor has the option of not reporting non-cooperative absences; however, if the second (2nd) non-cooperative absence is reported with request for reimbursement, suspension procedures shall be implemented.
 - D) The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) non-cooperative absence. A written report including, at a minimum, the names of the client and the worker, and the dates of the first (1st) and second (2nd) non-cooperative absence, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) non-cooperative absence.
 - E) Upon receipt of verbal notification of the second (2nd) documented non-cooperative absence within a State fiscal year, the CCU shall suspend the client's services as required in Section 240.930. The date of suspension shall be the date that the second (2nd) non-cooperative absence occurred.
- 2) A client/authorized representative shall notify the office of an adult day care vendor at least one (1) day in advance when the client will not be attending the adult day care site or will not be in need of transportation to or from the adult day care site, as scheduled and required by the plan of care.
- A) If the client's absence from the adult day care site or refusal to accept transportation to the adult day care site is due to an emergency, the client/authorized representative shall advise the office of the vendor as quickly as possible and it will not be considered non-cooperative.
 - B) The vendor shall document the client's absence or refusal

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to accept transportation without prior notification thereof (except any absence caused by an emergency) and shall be reimbursed by the Department for two (2) such absences or refusals (refer to Section 240.230).

- C) Two (2) such documented absences or refusals within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor has the option of not reporting non-cooperative absences; however, if the second (2nd) non-cooperative absence is reported with request for reimbursement, suspension procedures shall be implemented.

- D) The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) non-cooperative absence or refusal. A written report including, at a minimum, the names of the client and the worker and the dates of the first (1st) and second (2nd) non-cooperative absence or refusal, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) non-cooperative absence or refusal.

- E) Upon receipt of verbal notification of the second (2nd) documented non-cooperative absence or refusal within a State fiscal year, the CCU shall suspend the client's adult day care service (including transportation if specified in the plan of care) as required in Section 240.930. The date of suspension shall be the date that the second (2nd) non-cooperative absence or refusal occurred.

- 3) A client/authorized representative shall not refuse to allow the vendor into the client's home to provide services.

- A) The vendor shall document the refusal to allow services to be provided and shall be reimbursed by the Department for two (2) such refusals (refer to Section 240.210 or 240.220 as appropriate).

- B) Two (2) such documented refusals within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) refusal. A written report including, at a minimum, the names of the client and the worker and the dates of the

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first (1st) and second (2nd) refusal, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) refusal.

- C) Upon receipt of verbal notification of the second (2nd) documented refusal within a State fiscal year, the CCU shall suspend the client's services as required in Section 240.930. The date of suspension shall be the date that the second (2nd) refusal to allow service occurred.

- 4) A client/authorized representative shall not interfere with provision of the services specified in the plan of care, either in the client's home or in an adult day care site.

- A) The vendor shall document the interference with provision of the services specified in the plan of care as stated above.

- B) Two (2) such documented occurrences of interference within a State fiscal year shall be cause for suspension of the client's services pending termination. The vendor shall verbally advise the CCU on the same day, if possible, but not later than the next work day from the date of the second (2nd) occurrence. A written report including, at a minimum, the names of the client and the worker and the dates of the first (1st) and second (2nd) occurrence, shall be mailed by the vendor to the CCU within two (2) work days from the date of the second (2nd) occurrence.

- C) Upon receipt of verbal notification of the second (2nd) documented occurrence of interference within a State fiscal year, the CCU shall suspend the client's services as required in Section 240.930. The date of suspension shall be the date of the second (2nd) occurrence of interference.

- 5) An applicant/client/authorized representative or any family member/friend/acquaintance of the applicant/client/authorized representative shall not threaten or act abusively (e.g., physical, verbal, sexual, etc.) or display a weapon (e.g., gun, knife, etc.) against any representative of the Department, CCU or vendor who is present in the applicant's/client's home or at an adult day care site. The applicant/client/authorized representative shall be responsible for any animal present in the home of the applicant/client and shall prevent said animal from physically harming a representative of the Department/CCU/vendor.

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- A) If the threat or abuse takes place in an applicant's/client's home, the party who has been threatened or abused shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.
- B) If the threat or abuse takes place in an adult day care site, the family/authorized representative shall be advised immediately and the CCU shall verbally be advised on the same day, if possible, but not later than the next work day.
- C) A written report including, at a minimum, the name of the client and the in-home worker/adult day care site worker, and the date and details of the threat or abuse, shall be mailed by the vendor to the CCU within two (2) work days from the date that the threat or abuse occurred.
- D) Upon receipt of verbal notification of threat or abuse, the CCU shall, on the same day, if possible, but not later than the next work day:
- i) suspend a client's services in the client's home and/or at an adult day care site, as required in Section 240.930; or
 - ii) suspend an applicant's determination of eligibility process as required in Section 240.930.
- E) The date of suspension shall be the date that the threat or abuse occurred.
- 6) The CCU shall notify the applicant/client/authorized representative and the vendor of the suspension in accordance with Section 240.930(c) and (d).
- 7) The CCU shall develop a memorandum of understanding between the applicant/client/authorized representative, and the representatives of the CCU and the vendor, in accordance with Section 240.930(e).
- 8) Upon the execution of the memorandum of understanding, the client's services or the applicant's determination of eligibility process, as appropriate, shall be reinstated in accordance with Section 240.930(f).

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- 9) Failure to sign a memorandum of understanding shall be grounds for termination or denial, as appropriate.
- 10) If, following reinstatement, the requirements of the memorandum of understanding have not been adhered to by the applicant/client/authorized representative, the application shall be denied or services shall be terminated, as appropriate.
- 11) Notification of denial or termination shall be in accordance with Sections 240.910 or 240.945, as appropriate.
- b) Failure to cooperate in the actions specified below shall be considered non-cooperation and shall be cause for denial of an application or termination of services, as appropriate.
- 1) An applicant/client/authorized representative or any family member/friend/acquaintance of the applicant/client/authorized representative shall not inflict physical injury upon any representative of the Department, CCU or vendor, either in the applicant's/client's home or while the client is attending an adult day care site.
- A) If the infliction of physical injury takes place in the applicant's/client's home, the injured party shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.
 - B) If the infliction of physical injury takes place in an adult day care site, the family/authorized representative shall be advised immediately and the client shall be removed immediately. The CCU shall verbally be advised on the same day, if possible, but not later than the next work day.
 - C) A written report including, at a minimum, the names of the client and the in-home worker/adult day care site worker, and the date and details of the infliction of physical injury, shall be mailed by the vendor to the CCU within two (2) work days from the date that the physical injury was inflicted.
 - D) Upon receipt of verbal notification of the infliction of physical injury the CCU shall, on the same day, if possible, but not later than the next work day:

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- i) institute immediate denial of application or termination of services. The effective date of denial or termination shall be the date that the infliction of physical injury occurred;
- ii) verbally notify the applicant/client/ authorized representative of the denial or termination. Written notification shall be sent by certified mail to the applicant/client/authorized representative, and by regular mail to the vendor, within five (5) calendar days from the date of the verbal notification; and

iii) verbally notify the Department of the denial or termination followed by a written report within five (5) calendar days from the date of the verbal notification.

- 2) Applicant(s)/client(s)/authorized representative(s) shall provide assistance in securing documentation and/or factual information to be utilized in the determination of initial and continuing eligibility for Community Care Program (CCP) services, as well as the type, level and amount of services to be provided.

Refusal to provide the specified assistance needed shall be cause for denial of an application or termination of a client's services, as appropriate.

- 3) Applicant(s)/client(s)/authorized representative(s) shall provide a mailing address, including sufficient information to enable the Department/CCU/vendor to locate the applicant/client/authorized representative (i.e., the name, address and telephone number of a contact through whom the applicant/client may be located, or it may be necessary to provide directions to the applicant's/client's home).

Refusal to provide the specified assistance needed shall be cause for denial of an application or termination of a client's services, as appropriate.

- 4) Notification of denial or termination shall be in accordance with Section 240.910 or 240.945, as appropriate, except as specified in subsection (b)(1)(D) above.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89

Section 240.360 Reporting Changes

It is shall be the responsibility of the applicant/client/authorized representative to report changes in circumstances (including household composition, change of address, change in level of services needed, receipt of income or assets) which might affect eligibility for the Community Care Program within thirty (30) calendar days from the effective date of such change.

Benefit changes at the federal level which affect a group(s) of individuals (such as increases in Social Security payment, etc.) need not be reported by the applicant/client/authorized representative.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART D: APPEALS

Section 240.400 Appeals and Fair Hearings

- a) Any individual who applies for or receives Community Care Program (CCP) services of any kind has the right to appeal a decision, action or inaction of the Department, a Case Coordination Unit (CCU) or a vendor. The applicant/client/authorized representative shall be notified of his/her right to appeal by the CCU at the time the applicant/client/authorized representative is notified of the action taken. The individual shall be given an explanation of the right to appeal at the time of application; the initial home visit and upon request. and the explanation shall be included on the Case Action Notice. A copy of the rights and responsibilities of a CCP applicant/client (including an explanation of the right to appeal) shall be provided in written format to all applicants/clients/authorized representatives during the initial home visit for determination of eligibility and upon request.

- b) The Department must be notified in writing of the It shall be the responsibility of the applicant/client/authorized representative to advise the Department of his/her intent to appeal. the written notice of appeal must be signed by the applicant/client or by an appropriate representative for the applicant/client as specified in Section 240.320.

- c) The effective date of the appeal is the date on which an applicant/client/authorized representative indicates to the Department the intent to appeal either by telephone or in writing.

- d) If the Department is advised of the intent to appeal either by letter or by telephone, the Department shall, within two (2) work

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days, send to the appellant a Notice of Appeal to Department on Aging form to be completed and signed by the appellant/authorized representative.

ee) The written notice of appeal must be filed with the Department on Appeal Notice, Form IL 402-0293, a Notice of Appeal to Department on Aging form and shall be completed and executed by the appellant/authorized representative and returned to the Department. If the notice of appeal is filed with the Department in letter form, the Department shall immediately send to the appellant an Appeal Notice form to be filled out and executed by the appellant and returned to the Department.

d) The effective date of the appeal is the date on which the original request for an appeal is received by the Department.

fe) The written executed Appeal Notice of Appeal to Department on Aging form must be submitted to the Department at the following address:

Illinois Department on Aging
Division of Long Term Care
Post Office Box 60
Springfield, Illinois 62705

gf) No later than ten (10) working days following from the date of receipt of an Appeal Notice of Appeal to Department on Aging form, the Department shall acknowledge receipt thereof to the appellant/appellant's designated authorized representative, and shall send copies of said acknowledgment to all parties to the appeal.

hg) The written Appeal Notice of Appeal to Department on Aging shall include the following:

- 1) the name, address and telephone number of the applicant's/client's representative filing the appeal, and or on whose behalf the appeal is filed; and
- 2) the name, address, and telephone number of the applicant/client in whose behalf authorized representative, if any, filing the appeal is being filed, and on behalf of the applicant/client; and
- 3) the specific action being appealed, including the date of notice advising the applicant/client/authorized representative of the action appealed and the effective date of that action; and

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4) the name of the Case Coordination Unit as indicated on the notice of the action being appealed.

h) A Final Administrative Decision relative to the appeal shall be provided to the appellant and all parties to the appeal no later than ninety (90) days following the effective date of the appeal extended by any delays caused by the appellant.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.410 When the Appeal May Be Filed

a) The right to appeal must be exercised within sixty (60) calendar days following from the date the notice of the action being appealed was sent to the applicant/client advising the action being taken by the Case Coordination Unit (CCU) such as:

- 1) the date the notice was sent by a CCU of a decision on an application; or
 - 2) the date the notice was sent by a CCU or the Department of a reduction or termination of Community Care Program (CCP) services; or
 - 3) the date the notice was sent by a CCU or the Department of denial of a request or other action which aggrieves the applicant/client, when that denial or action was other than an application decision or a decision to reduce or terminate services.
- b) If a notice of appeal is filed after the sixty (60)-calendar day time period, the right to appeal is not affected. However, the final administrative decision of the Department will not be favorable to the appellant if it is determined that the sixty (60)-calendar day time period applies to the situation and has expired.
- c) The sixty (60)-calendar day time limitation does not apply when:
- 1) a CCU/vendor or the Department fails to send the required written notification of the action taken which is being appealed; or
 - 2) a CCU/vendor or the Department fails to allow fifteen (15) calendar days from the date of the notice to the effective date of the action appealed; or
 - 3) a CCU, vendor or the Department fails to take any action on a

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specific request made by an applicant/client within fifteen (15) calendar days from the date of request as required in Section 240.1520; or

The following actions of Case Coordination Units (CCUs), vendors, or the Department actions may be appealed:

- 4) a CCU, vendor or the Department denies a request without informing the applicant/client in writing within fifteen (15) calendar days from the date of request as required in Section 240.1520; or
- 5) a CCU or vendor failed to advise the applicant/client of the right to appeal; or
- 6) a CCU or vendor has violated CCP rules.

a) Refusal to accept an application or reapplication.

b) Failure to act upon an application within the mandated time period, unless delayed in any manner by the applicant/client/authorized representative in the determination of eligibility process.

c) A decision to deny an application or request.

d) Failure to advise prescreened individuals that they have a choice of:

- 1) nursing home placement; or
- 2) receiving in-home or community-based services, if eligible; or
- 3) declining either of the above options.

d) If an applicant/client/authorized representative advised the Department by telephone of his/her intent to appeal and subsequently files a written appeal with the Department, the date of the documented telephoned intent shall be the date of filing of the appeal.

ed) If the intent to appeal by or on behalf of a client is filed within ten (10) calendar days of from the date of the notice of adverse action (denial, reduction or termination (Refer to Section 240.160) and is followed by a written appeal as requested by the Department, Community Care Program services shall be continued at the level in effect prior to the notice of adverse action proposed reduction or termination until the appeal final decision in the appeal is reached. The client/authorized representative and all other interested parties to the appeal shall be notified in writing by the Department of the continuation of the client's services at the previous level. If the Department determines that the health, safety or welfare of the vendor/direct service worker shall be jeopardized if service is continued (refer to Section 240.350 (b)(1)), the client's right to continued service may be denied until the appeal decision is reached.

f) Services shall not be continued during the appeal process for an individual receiving interim services. Those individuals receiving interim services have not received full eligibility for the Community Care Program, have applicant status only, and are presumed eligible until a full determination of eligibility has been completed.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.415 What May Be Appealed

ed) A decision to reduce, terminate or in any way change the Community Care Program services or the manner in which those services are provided.

f) A decision to deny a request for redetermination.

ge) Failure to make a decision or take appropriate action on any request made by a client within fifteen (15) calendar days following from the date of such request.

hf) The validity and accuracy of the amount billed to a client by a Community Care Program vendor for the client's share of cost of incurred expense for care provided to the client.

i) A decision by a CCU to uphold a vendor decision with which the applicant/client does not agree.

j) Failure to advise the applicant/client of his/her right to choose a Department authorized vendor in the service area of the applicant/client to provide the services required by the plan of care.

k) Failure of a CCU to advise an applicant/client of any of his/her rights under the Community Care Program.

l) Failure of a CCU or vendor to comply with Community Care Program rules.

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(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.425 Informal Review

When an appeal is received by the Department, the Department shall proceed to conduct an informal review of the action or inaction serving as the basis of the appeal.

- a) When an appeal has been received by the Department, the Department shall proceed to conduct an informal review of the action or inaction which serves as the basis of the appeal; and, if indicated, reverse, modify, or leave unchanged the decision made by a CCU or a vendor or take other action as necessary. The purpose of an informal review shall be to determine the facts in the appealed action or inaction.
- b) If the basis for the appeal involves the functioning of the applicant/client in his/her home environment or if the Department is unable to arrive at a decision based upon the facts presented, the Department or its designated agent may shall conduct a face-to-face review in the applicant's/client's home. The Department shall request the CCU or the vendor to conduct the face-to-face review unless it is determined that the CCU or vendor may have an interest in the outcome of the review.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.430 Notice of Findings of the Department

Within sixty (60) calendar days of from the date of receipt of the notice of appeal, Notice of Appeal to Department on Aging form, extended by any delays caused by the appellant, the Department will issue a letter stating the findings by the Department following the shall conduct an informal review of an appeal and issue an Appeal Findings Notice which may be delayed pending an extension of time caused by the appellant. The Appeal Findings Notice shall clearly state the facts determined in the appeal and the findings of the Department based upon those facts. Copies will shall be sent to all parties to the appeal. If the appeal is not withdrawn, it will be forwarded to a hearing officer for hearing.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.435 Withdrawing an Appeal

The appellant, or the appellant's authorized representative, may withdraw the appeal at any time prior to or during the appeal process. The withdrawal may be submitted in writing or by telephone. The Department will shall

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acknowledge the withdrawal of appeal in writing to and advise the appellant/appellant's authorized representative, and send copies thereof to all parties to the appeal that the appeal is formally closed, in writing, by certified mail, return receipt requested.

- a) The Department shall furnish copies of the acknowledgement of withdrawal to all interested parties to the appeal.
 - b) If the appeal is not withdrawn, it shall be forwarded to a hearing officer for hearing.
- (Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)
- Section 240.445 Hearing Officer

All hearings will be conducted by an impartial Hearing Officer authorized by the Department Director of the Department to conduct the hearing.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.450 The Hearing

The hearing will be informal but the rules of evidence and privilege as applied in civil cases in the Circuit Courts of this State shall be followed. However, evidence not admissible under such rules of evidence may be admitted (except where precluded by statute) if it is of a type commonly relied upon by reasonably prudent men in the conduct of their affairs (Illinois Administrative Procedure Act, Ill. Rev. Stat. 1987, ch. 127, par. 1012). The proceedings will be recorded. The appellant may present the case or have an spokesperson authorized representative present it, and may bring witnesses to the hearing. The appellant/ and/or appellant's authorized representative are to shall have the opportunity before and during the hearing to examine material which the Department plans to have available, which must include:

- a) Statement of Facts; and
- b) Pertinent case information including all documents to be used at the hearing.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.455 Continuance of the Hearing

- a) During the hearing, the appellant/authorized representative may request a continuance from the Hearing Officer. The continuance shall be granted if:

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- 1) the appellant needs additional information;
- 2) a necessary witness is absent;
- 3) the appellant is ill;
- 4) the appellant's authorized representative is unavailable; or
- 5) for any other reason that necessitates a continuance in order for the appellant to present the appeal.

b) The appeal shall be continued to the next available docket opening, if acceptable to the appellant.

c) If the continuance is allowed, the ninety (90)-calendar day time limitation of the appeal process shall be extended by the number of calendar days of the allowed continuance.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.460 Postponement

a) A hearing shall be postponed for a reasonable period if:

- 1) the appellant needs additional information;
- 2) a necessary witness is absent;
- 3) the appellant is ill;
- 4) the appellant's authorized representative is unavailable; or
- 5) for any other reason that necessitates a postponement in order for the appellant to present the appeal.

b) The appellant/appellant's authorized representative may request a postponement, which shall be in writing, to the Department Hearing Officer before the scheduled hearing date. A verbal request may be made when the hearing is convened.

c) The appeal shall be continued to the next available docket opening, if acceptable to the appellant.

d) If the request is approved, the Department Hearing Officer will send the appellant/appellant's authorized representative and all interested parties to the appeal a letter (with the original appeal number) rescheduling the hearing. If the postponement is denied,

the appellant/appellant's authorized representative will be notified in writing as well as all authorized parties to the appeal. If the delay is allowed, the ninety (90) calendar day time limitation of the appeal process is extended by the number of calendar days of allowed delays and all parties to the appeal will be notified in writing.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.465 Dismissal Due to Non-Appearence

a) If neither the appellant nor the appellant's authorized representative appears at the time and place designated for the hearing, and a postponement has not been requested in writing, the appeal is considered abandoned and is dismissed.

b) The refusal by the appellant/ and/or the appellant's authorized representative to proceed with the hearing is considered a non-appearance. The appeal is considered abandoned and is dismissed.

c) Dismissal of an appeal is a Final Administrative Decision. The Department on Aging will make any planned change in services, which had been delayed pending the outcome of the appeal, immediately upon receipt of written notification from the Hearing Officer and will notify all parties to the appeal in writing.

d) The Department will send a written notice to the appellant/ and/or the appellant's authorized representative and all parties to the appeal advising that the appeal has been dismissed for non-appearance.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.470 Rescheduling the Appeal Hearing

a) Within ten (10) calendar days following from the date of the dismissal notice, the appellant/ or the appellant's authorized representative may submit a written request to reschedule the appeal hearing. The written request to reschedule the appeal hearing must be sent to the Department Hearing Section as shown on the Dismissal Notice issued by the Hearing Officer. The dismissal will be vacated if good cause can be shown for the non-appearance which lead to the dismissal. Good cause is defined as:

- 1) Death in the family;
- 2) Personal injury or illness which reasonably prohibits the appellant from attending the hearing; and/or

3) Sudden and unexpected emergencies.

b) If the appeal hearing is rescheduled, the Department a Hearing Officer will send a letter rescheduling the hearing to the appellant/ and/or the appellant's authorized representative with copies to all parties to the appeal. The Department shall restore any benefits due the client which were terminated or reduced as a result of the dismissal and send a letter so advising to the appellant/authorized representative and copies to all parties to the appeal.

e) The hearing is informal and the proceedings are recorded. The appellant or authorized representative may present the case. The appellant may bring witnesses to the hearing.

d) During the hearing, the appellant or the appellant's representative may request a continuance. The continuance may be granted for a reasonable period at the discretion of the hearing officer. If the continuance is allowed, extend the 90 day time limitation of the appeal process by the number of days of the allowed continuance.

e) If the request is approved, the Department will send the appellant and/or the appellant's representative and all parties to the appeal a letter (with the original appeal number) rescheduling the hearing. If the postponement is denied the appellant, the appellant's representative and all parties to the appeal will be notified in writing. If the delay is allowed, the 90 day time limitation to the appeal process is extended by the number of days of the allowed delay.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.480 The Appeal Decision

a) The decision resulting from the appeal shall be made in writing no later than ninety (90) calendar days following from the effective date of the appeal extended by any delays caused by the appellant, and the appellant/authorized representative and all other parties to the appeal shall be notified by sending to them a copy of the decision by United States mail. The decision shall be made by applying Department rules to the particular case situation. Appeals decisions do not apply to other shall be considered on a case by case basis situations.

b) The Final Administrative Decision shall be issued by the Director of the Department and it shall either:

1) uphold or modify the Department's action Hearing Officer's recommendation in the appeal;

2) not uphold the Department's action Hearing Officer's recommendation; or

3) determine a lack of Department jurisdiction.

c) The decision shall instructs the vendor/Case Coordination Unit (CCU)/and/or the Department to take corrective action as appropriate, including reimbursement to in the event that the applicant/client who is a party to the appeal for the actual cost of services, if any, purchased by the applicant/client purchased services not provided by the vendor during the period in which the appeal is was conducted, the Department will reimburse the applicant/client under the following conditions:

1) the decision rendered by the Department is in favor of the applicant/client in whose behalf the appeal was taken; and

2) either the appeal was filed based upon the denial of an application; or

3) the appeal was filed as the result of less discontinuance of services due to the failure of the client to make payment of fees incurred expense for care as assessed in accordance with Sections 240.530 855 and 240.870 et seq.

d) Payment shall be authorized only for the level, type and amount of services for which payment would have been made through the Community Care Program during the same time period. Payment shall not exceed the amount which would have been paid through the Community Care Program for the same services.

e) The decision resulting from the appeal and the recorded transcript shall become a part of the record of the appeal.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.485 Reviewing the Official Report of the Hearing

At any time within three five (5) years from the date of after the release of the Department's Final Administrative Decision, the appellant/ and/or the appellant's authorized representative may review the official report of the hearing. The official report, including documents presented at the proceedings, the findings of fact, and findings of law, will be made available by the Department on Aging upon request. The Springfield office of

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the Department on Aging is the only place location where the official report of the hearing may be reviewed.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART E: APPLICATION

Section 240.520 510 Who May Make Application Application for Community Care Program

An application is a written request for Community Care Program (CCP) services.

- a) An application is a written request for Community Care services.
- a) Any individual requesting Community Care Program services orally or in writing, shall be issued an Application for Service form within five (5) work days from the date of the inquiry/request.
- b) A completed application is constitutes a formal written request for Community Care Program services made on an Application For Service, Form IL 402-0170, on which the applicant's birthdate is indicated and which has been signed.

A Community Care Program Application for Service must include the applicant's birthdate and be signed by the applicant/applicant's authorized representative on behalf of the applicant.

- e) An application may be filed by the applicant, a relative of the applicant, the applicant's legal guardian or conservator, or by an individual acting responsibly in behalf of the applicant.
- cd) The applicant or the individual applying for the applicant's authorized representative shall be informed in writing of eligibility requirements to receive services under the Community Care Program and of the applicant's right to appeal under provisions of the Department's rules.
- e) Making application is the action by which an individual indicates on a completed application form a request to receive Community Care services.
- df) An application is different from an inquiry in that an inquiry is a request for information about eligibility requirements for Community Care Program services or other program information regarding programs other than the Community Care Program.

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- g) An Application For Service, Form IL 402-0170, shall be issued to any person requesting Community Care services.

- h) Application forms shall be mailed to all individuals who request them and to all individuals who inquire orally or in writing about receiving Community Care services within five (5) business days of the request or inquiry.

(Source: Former Section 240.510 renumbered to 240.520, new Section 240.510 renumbered from Section 240.520, and amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.510 520 Application Who May Make Application

- a) The applicant is the individual making application for Community Care Program (CCP) services or on whose behalf such application is made. Application may be made by an individual, or an authorized representative (having authorization from the applicant) or if the individual is incompetent or incapacitated, by a legal guardian or someone acting responsibly (in the interest of, but not authorized by, the applicant) for the individual. The applicant signs the application except when application is being made on behalf of the applicant by the authorized representative. For the following exceptions, the application may be signed by the individual making application on behalf of the applicant:

- 1) When an individual has an authorized representative, the application may be signed by the authorized representative, as defined in Section 240.160;.
- 2) When an individual has a legally appointed guardian other than a "limited" or "temporary" guardian, the guardian must sign the application. (See (c) below)
- 3) An application may be signed by someone acting responsibly on behalf of the individual when the individual has not been determined legally incompetent but is physically or mentally incapacitated.
- 2d) When an individual has a legally appointed guardian, the guardian must sign the application for the applicant. A legally appointed guardian may serve as either or both the "guardian of the person" and/or the "guardian of the estate". One legally appointed guardian may serve as "guardian of the person" while a second legally appointed guardian may serve as "guardian of the estate". If two different persons are appointed guardian for the applicant, one of the "person" and

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one of the "estate", the "guardian of the person" determines which one is to sign the application.

- b) The applicant may be assisted by the Case Coordination Unit (CCU) or by individuals of the applicant's choice in the application process.
- c) If either a "limited" or "temporary" guardian has been appointed, the application is signed by the applicant. However, the "limited" or "temporary" guardian may make application as an interested party acting on behalf of the individual. When the "limited" or "temporary" guardian applies on behalf of the individual, the signature of the applicant is not required on the application form.

(Source: Former Section 240.520 renumbered to Section 240.510, new Section 240.520 renumbered from 240.510 and amended at 13 Ill. Reg. 11193, effective 7/1/89.)

Section 240.530 Date of Application

The date of application is the date that a completed application is received by the Case Coordination Unit (CCU) or the Department.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89.)

SUBPART F: ELIGIBILITY

Section 240.600 Eligibility Requirements

For purposes of being determined eligible to receive Community Care Program services, requirements of eligibility specified in Sections 240.410 710 through 240.535 875 must be satisfied.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89.)

Section 240.610 Establishing Eligibility

- a) Once an application has been submitted to the Case Coordination Unit (CCU), establishing initial eligibility is the joint responsibility of the applicant/authorized representative and the CCU.
- b) It is the responsibility of the applicant/authorized representative to provide, to the extent that he/she is able, the factual information necessary to establish eligibility. If he/she is unable to do so, CCU staff, with the consent of the applicant/authorized representative, will assist in obtaining such information.

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- c) If the applicant/authorized representative refuses to give such consent, and information needed for eligibility determination is, therefore, unavailable, the application will be denied.
- d) If a home visit, as required by Section 240.426 620 is made at the address provided by the applicant/authorized representative and the applicant cannot be located, the application will be denied.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89.)

Section 240.620 Home Visit

- a) The determinations and redeterminations of need for long-term care Community Care Program (CCP) services shall be conducted administered during a visit to the home of the applicant/client except: when a determination of eligibility is conducted in the prescreening process or of discharge planning within fifteen (15) days prior to the applicant's/client's discharge from a hospital, group care facility or other type of institution when a CCP client has been hospitalized or placed in any type of institution and will be discharged to the community in less than sixty (60) calendar days.

- b) In the event a determination of eligibility is conducted in the process of discharge planning, a home visit for the purpose of developing a service plan for an eligible applicant/client shall be completed conducted, and a redetermination of need administered in the client's home, within fifteen (15) calendar days following from the date of a applicant's/client's discharge from the hospital, group care facility or other type of institution.

- c) A home visit shall not be required in the conduct of determinations or redeterminations of need following hospitalization for routine procedures as defined in Section 240.160.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89.)

Section 240.630 Determination of Eligibility

- a) A determination of eligibility is an examination of each applicant's/client's circumstances to assess qualification determine the need for receipt of Community Care Program (CCP) services. This determination shall consist of analyzing, evaluating, and verifying documenting, when necessary, current, full and complete information obtained from personal assessment of the applicant/client in the home of said applicant/client (except in the prescreening process).

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- b) The personal assessment shall be accomplished by use of the standard assessment tool (CCP Community Care Program Determination of Need (DON), Form IL 492-0195) promulgated by the Department for purposes of such personal assessment.

- c) An applicant/client may be denied or terminated at any time that ineligibility is determined based upon any eligibility criteria that is not met, as required by Sections 240.710 through 240.875.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.640 Eligibility Decision

A decision regarding the individual's applicant's initial eligibility or ineligibility to receive such Community Care Program (CCP) services shall be made within thirty (30) calendar days from following the date of receipt by the Department or its Case Coordination Unit (CCU) of a completed application for Community Care CCP services, unless delayed by the applicant/authorized representative (refer to Section 240.660).

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.650 Continuous Eligibility

Eligibility shall be continuous throughout the client's participation in the Community Care Program. Continuous eligibility is validated through the redetermination process specified in Section 240.655. A redetermination of eligibility shall be conducted at least once annually or as requested, and as required by Section 240.655.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.925 655 Frequency of Redeterminations

Redetermination of eligibility for the Community Care Program shall be conducted periodically (once every twelve (12) months) by the Case Coordination Unit (CCU) at least annually; or whenever requested by the client/authorized representative; or whenever necessary to assure the continued eligibility of any client who has had may have experienced a change in his/her circumstances needs that indicates the need for a redetermination to assure continued eligibility (refer to Section 240.630).

- a) Annual redeterminations shall be accomplished within thirty (30) calendar days prior to, but not later than, the annual due date. A decision on the redetermination shall be made within thirty (30) calendar days from the date the redetermination process is begun.

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- b) Redeterminations conducted at the request of the client/authorized representative or whenever the client may have experienced a change in needs shall be accomplished and a decision rendered within thirty (30) calendar days from the date of the request for redetermination.

- c) The thirty (30) calendar day time limit for completion of a redetermination of a client's eligibility shall be extended by any delay caused by the client/authorized representative.

- 1) Client delay is defined as the number of calendar days a redetermination of eligibility is delayed because of the client's/authorized representative's failure to provide documentation supporting his/her eligibility within seven (7) calendar days from the date it is verbally requested by the CCU.

- 2) In the event that a client's eligibility cannot be determined due to the client's/authorized representative's failure to provide documentation, as specified above, within thirty (30) calendar days from the date it is verbally requested by the CCU, the CCU shall extend the time limit for an additional thirty (30) calendar days, after which services shall be terminated if documentation is not provided.

- d) The client shall maintain eligibility and services shall continue to be provided throughout the redetermination process unless the client/authorized representative delays the process beyond the additional thirty (30) calendar days specified in subsection (c)(2) above.

- e) Written notification to the client/authorized representative shall be made as required by Section 240.945.

- f) Any change in services shall be initiated within fifteen (15) calendar days from the date the written notice is mailed to the client/authorized representative, as required by Section 240.945.

(Source: Section 240.655 renumbered from Section 240.925 and amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.660 Extension of Time Limit

The thirty (30) calendar day time limit for completion of a determination of an applicant's eligibility may be extended by any delay caused by the applicant.

- a) Applicant delay is defined as the number of calendar days a

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determination of eligibility is delayed because of the applicant's/authorized representative's failure to provide reasonable documentation supporting his/her eligibility within seven (7) calendar days of from the date it is requested in writing by the Department/ or its Case Coordination Unit (CCU).

- b) In the event that an applicant's eligibility cannot be determined due to the applicant's/authorized representative's failure to provide reasonable documentation, as specified above, within sixty (60) calendar days following from the date of receipt of the completed application form, the application shall be denied.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART G: NON-FINANCIAL REQUIREMENTS

Section 240.710 Age

To be eligible to receive Community Care Program (CCP) services, an applicant/client individual shall be at least sixty (60) years of age, at a minimum. An applicant's/client's/authorized representative's statement regarding his age shall be accepted unless the information is contradictory, not specific or otherwise questionable. In these cases, the applicant/client/authorized representative is responsible for obtaining verification providing documentation of age to supplement his the statement.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.715 Need for Long Term Care

- a) To be eligible to receive Community Care Program (CCP) services an individual shall exhibit a need for long term care. The CCP Determination of Need shall be utilized for the purpose of making the determination of need for long term care.
- b) The need for long term care shall mean a determinable is based on the determined need for a continuum of in-home and community-based services to prevent inappropriate or premature placement in a group care facility. The extent and degree of an applicant's/client's need for long term care shall be determined on the basis of consideration of pertinent medical, social and psychological factors as measured by application administration of the CCP Determination of Need. The CCP Determination of Need measures an applicant's/client's ability to perform the following functions:

- 1) telephoning

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- 2) into/out of bed
- 3) outside home
- 4) shopping
- 5) managing money
- 6) preparing meals
- 7) eating
- 8) housework
- 9) laundry
- 10) dressing
- 11) grooming
- 12) bathing
- 13) bowel/bladder
- 14) routine health
- 15) special health
- 16) being alone

c) The determination of functional need scale of the CCP Determination of Need includes the sixteen functions listed in subsection (b) above. Each function is scored in two parts: Part A, Functional Impairment; and Part B, Unmet Need for Care.

de) Part A, Functional Impairment, of the CCP Determination of Need measures the extent to which the applicant/client can perform activities of daily living. On Part A of the CCP Determination of Need, a score of zero (0) through three (3) indicates the degree of the applicant's/client's need for assistance in performing the sixteen (16) individual functions specified in Subsection (b):

- 1) A score of Zero (0) meaning for any function indicates that the applicant/client performs or can perform all essential components of the activity, with or without an assistive device, such that:

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- A) no significant impairment of function remains; or
 - B) activity is not required by the applicant/client (routine health and special health only); or
 - C) the applicant/client may benefit from but does not require supervision or physical assistance.
- 2) A score of One (1) meaning for any function indicates that the applicant/client performs or can perform most essential components of the activity with or without an assistive device, but some impairment of function remains such that the applicant/client requires some supervision or physical assistance in to accomplish some or all components of the activity. This includes the applicants/clients who:
- A) experiences minor, intermittent fatigue in performing the activity; or
 - B) takes longer time to accomplish than for an unimpaired persons require; or
 - C) must perform the activity more often than for an unimpaired person.
- 3) A score of Two (2) meaning for any function indicates that the applicant/client cannot perform most of the essential components of the activity, even with an assistive device, and requires a great deal of assistance or supervision to accomplish the activity. This includes the applicants/clients who:
- A) experiences frequent fatigue on or minor exertion in performing the activity; or
 - B) takes an excessive amount of time to perform the activity; or
 - C) must perform the activity much more frequently than for an unimpaired person.
- 4) A score of Three (3) meaning for any function indicates that the applicant/client cannot perform the activity and requires someone to perform the task, although the applicant/client may be able to assist in small ways, or requires constant supervision.

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ed)

In the event an applicant/client is unable to perform any of the sixteen (16) functions specified in Subsection (b), for himself/herself Part B, Unmet Need for Care, of the CCP Determination of Need measures the extent to which other persons are available to assist the applicant/client. On Part B of the CCP Determination of Need, a score of zero (0) through three (3) indicates the resources available to the applicant/client (excluding the Community Care Program) to meet his/her functional needs:

- 1) A score of Zero (0) meaning for any function indicates that the applicant's/client's need for assistance is met to the extent that the applicant/client is at no risk to health or safety if additional assistance is not acquired, or that the applicant/client has no need for assistance; or that additional assistance will not benefit the applicant/client.
 - 2) A score of One (1) meaning for any function indicates that the applicant's/client's need for assistance is not met most of the time, but there is a risk to the applicant's/client's health and safety of the applicant/client are at risk if additional assistance is not acquired.
 - 3) A score of Two (2) meaning for any function indicates that the applicant's/client's need for assistance is not met most of the time and there is a risk to the applicant's/client's health and safety of the applicant/client are at risk if additional assistance is not acquired.
 - 4) A score of Three (3) meaning for any function indicates that the applicant's/client's need for assistance is seldom met or the applicant/client will require acute medical intervention if additional assistance is not acquired.
- fe) The CCP Determination of Need measures an applicant's/client's ability to perform the following functions:
- 1) telephoning
 - A) Part A scoring will reflect the applicant's/client's ability to use the telephone to communicate essential needs.
 - B) Part B scoring will reflect the availability of assistance, if needed, to help the applicant/client reach and use the telephone or to use the telephone on behalf of the applicant/client.
 - 2) into/out of bed

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- A) Part A scoring will reflect the applicant's/client's ability to get into or out of bed or other usual sleeping place.
 - B) Part B scoring will reflect the availability of assistance, if needed, to aid/ and/or motivate the applicant/client in getting into and out of bed.
- 3) outside home, shopping, and managing money
- A) Part A scoring will reflect the applicant's/client's ability to leave and return home and complete daily living tasks which are normally transacted outside of the home.
 - B) Part B scoring will reflect the availability of assistance, if needed, to assist the applicant/client in completing these tasks.
- 4) preparing meals and eating
- A) Part A scoring will reflect the applicant's/client's ability to plan, prepare, and feed himself/herself a nutritionally balanced meal.
 - B) Part B scoring will reflect the availability of assistance, if needed, to aid the applicant/client in the planning, preparing and feeding of a nutritious meal.
- 5) housework and laundry
- A) Part A scoring will reflect the applicant's/client's ability to adequately do household and laundry tasks necessary for maintaining minimum hygienic conditions.
 - B) Part B scoring will reflect the availability of assistance and facilities, if needed, to aid the applicant/client in satisfactorily completing all tasks associated with housework and laundry.
- 6) dressing, grooming and bathing
- A) Part A scoring will reflect the applicant's/client's ability to adequately perform tasks necessary for minimum personal hygiene standards and to appropriately dress himself/herself.

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- B) Part B scoring will reflect the availability of assistance, if needed, to aid the applicant/client in satisfactorily attending to personal hygiene and dressing tasks.
- 7) bowel/bladder
- A) Part A scoring will reflect the applicant's/client's ability to respond to bowel and bladder needs, including the ability to use associated devices if necessary.
 - B) Part B scoring will reflect the availability of assistance, if needed, to aid the applicant/client in adequately responding to these biological needs.
- 8) routine health and special health
- A) Part A scoring will reflect the applicant's/client's ability to perform and/or participate in the performance of medical instructions prescribed by a medical professional in order to maintain the applicant's/client's health.
 - B) Part B scoring will reflect the availability of assistance, if needed, to aid the applicant/client in following through with routine medical instructions or, in the case of specialized medical instructions, the availability of specially trained resources as necessary.
- 9) being alone
- A) Part A scoring will reflect the applicant's/client's ability to be left alone and to recognize, avoid, and respond to danger/ and/or emergencies.
 - B) Part B scoring will reflect the availability of assistance, if needed, to aid and supervise the applicant/client to avoid danger/ and/or respond to emergencies.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.720 Clients Prior to July 6, 1982

For individuals whose eligibility for the Community Care Program (CCP) was determined prior to July 6, 1982, and who have been continuously served since that date, need for long term care shall be established by receipt of a

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minimum of eleven (11) points, six (6) of which must be scored in "Part A, Functional Ability" Impairment, of the CCP Determination of Need:

- a) Individuals scoring from 11 thru 27 points shall be eligible for services costing no less than \$1 and not to exceed \$150 monthly;
- b) Individuals scoring from 28 thru 32 points shall be eligible for services costing no less than \$1 and not to exceed \$431 monthly;
- c) Individuals scoring from 33 thru 45 points shall be eligible for services costing no less than \$1 and not to exceed \$538 monthly;
- d) Individuals scoring from 46 thru 56 points shall be eligible for services costing no less than \$1 and not to exceed \$598 monthly;
- e) Individuals scoring from 57 thru 67 points shall be eligible for services costing no less than \$1 and not to exceed \$717 monthly;
- f) Individuals scoring from 68 thru 78 points shall be eligible for services costing no less than \$1 and not to exceed \$842 monthly;
- g) Individuals scoring from 79 thru 87 points shall be eligible for services costing no less than \$1 and not to exceed \$911 monthly;
- h) Individuals scoring from 88 thru 96 points shall be eligible for services costing no less than \$1 and not to exceed \$980 monthly.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.725 Clients After July 6, 1982

Need for long term care shall be established for individuals whose eligibility for the Community Care Program (CCP) is determined on or after July 6, 1982, by receipt of a minimum of twenty-eight (28) points, eighteen (18) of which must be scored in "Part A, Functional Ability" of the CCP Determination of Need:

- a) Individuals scoring from 28 thru 32 points shall be eligible for services costing no less than \$1 and not to exceed \$431 monthly;
- b) Individuals scoring from 33 thru 45 points shall be eligible for services costing no less than \$1 and not to exceed \$538 monthly;
- c) Individuals scoring from 46 thru 56 points shall be eligible for services costing no less than \$1 and not to exceed \$598 monthly;
- d) Individuals scoring from 57 thru 67 points shall be eligible for

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- e) services costing no less than \$1 and not to exceed \$717 monthly;
- f) Individuals scoring from 68 thru 78 points shall be eligible for services costing no less than \$1 and not to exceed \$842 monthly;
- g) Individuals scoring from 79 thru 87 points shall be eligible for services costing no less than \$1 and not to exceed \$911 monthly;
- h) Individuals scoring from 88 thru 96 points shall be eligible for services costing no less than \$1 and not to exceed \$980 monthly.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.730 Service Plan of Care

- a) Services are to be offered to every each applicant/client who has scored at least meets the minimum required scores indicated above on the Community Care Program (CCP) Determination of Need; form required by Sections 240.720 or 240.725; who meets all other eligibility requirements; for whom an adequate plan of care has been developed; and whose service costs are within the allowable maximums.
- b) If a plan of care cannot be designed developed that adequately meets the applicant's/client's needs within the above cost allowable maximums for cost of service, the request for Community Care Program services will shall be denied or services terminated, as appropriate to the case.
- c) Each applicant/client must be advised by the Case Coordination Unit (CCU) of his/her right to refuse the offered services, and to choose to enter a long term care facility instead or to choose neither.
- d) Services which the applicant/client has been determined to need by the CCU are not actually to be provided until and unless the client and a the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner agrees that the plan of care is adequate (meets the applicant's/client's determined needs) to protect the health and safety of the applicant/client. It shall be the responsibility of the applicant/client to provide the endorsement from the applicant's/client's Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner.
- e) The exact allowable monthly cost for services provided to an eligible individual and paid for through the Community Care Program cannot exceed the total maximum monthly cost as determined by the score attained on the CCP Determination of Need and which is

determined by the professional judgment of the provider of services or a subcontractor CCU based on current, full and complete information on the specific needs of the individual.

- f) The client is responsible for payment for services received in addition to those authorized and paid for by the Community Care Program.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.735 Supplemental Information

The Community Care Program (CCP) Determination of Need eligibility shall be supplemented by any collateral casework information (e.g., medical statement from attending physician, or Nurse Practitioner, Registered Nurse or Christian Science Practitioner, and documentation of family support) deemed necessary by the Department. Supplemental casework information will be included on a Case Documentation for the Determination of Need form; Form IL 402-0291.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.740 Assessment of Need

- a) The determination of need for long-term care Community Care Program (CCP) services shall be made by technically competent persons employed by CCU's. Technically competent persons are persons having specialized backgrounds relating to the needs or problems of the elderly administered by Case Coordination Unit (CCU) case managers or Department personnel/designees who are technically competent persons certified by the Department to perform determinations of need.

- b) Such certification shall result from the successful completion of training which includes, but is not limited to, the following topics:

- 1) financial eligibility determination (refer to Sections 240.800 through 240.875);
- 2) administration of the Determination of Need instrument (refer to Section 240.715);
- 3) plan of care development and implementation;
- 4) performance of nursing home prescreenings (refer to Section 240.1010); and

- 5) form utilization and flow.

- b) Standards for assessors are as follows:

- 1) Education and/or experience in interviewing functionally impaired elderly;
 - 2) Knowledge of the aging process;
 - 3) Knowledge of the Department's rules, policies and procedures regarding eligibility requirements;
 - 4) Completion of Department-sponsored training relative to the determination of eligibility for the Community Care Program;
- be) Scoring of the CCP Determination of Need (DON) shall be accomplished without regard to the capability of the provider agency CCP vendor(s) to totally meet the determined needs of the applicant/client.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.750 Citizenship

- a) To be eligible for the Community Care Program, an individual must be:
- 1) a citizen of the United States by birth or naturalization; or
 - 2) an alien who has been lawfully admitted for permanent residence or is otherwise permanently residing in the United States under color of law.
- b) Citizenship/alien status shall be verified only if a person was born outside the United States or is an alien. When necessary to verify citizenship/alien status, sources include, but are not limited to:
- 1) voter registration card;
 - 2) birth certificate;
 - 3) naturalization papers; or
 - 4) alien registration card.

To be eligible for the Community Care Program (CCP), an individual must:

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- a) be a citizen of the United States by birth or naturalization; or
- b) be an alien who has been lawfully admitted for permanent residence or is otherwise permanently residing in the United States under color of law; or
- c) meet the requirements of the Immigration Reform and Control Act of 1986 (P.L. 99-603, 100 Stat. 3359 (1986)).

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.755 Residence

- a) To be eligible for the Community Care Program (CCP), an individual must be a resident of the State of Illinois.

- b) The residency of an individual is based on one of the following factors:

- 1) An individual currently living whose residence is located in Illinois, regardless of address but whose mailing U.S. Post Office address may indicate a state other than Illinois; such as (i.e., an individual residing near the state line); is a resident of Illinois;

- 2) An individual currently living in Illinois and receiving a State Supplemental Payment from a different state, is not a resident of Illinois for purposes of Community Care Program eligibility;

- 3) An individual who is incapable of stating his/her intent to remain in Illinois is a resident of Illinois if he/she currently lives in Illinois.

- c) Illinois cannot deny eligibility to an individual who, although currently residing in Illinois, has not lived in this state for a specific period of time.

- d) Illinois cannot deny eligibility to an individual who is temporarily absent from Illinois and plans to return when the purpose of his/her absence has been completed unless the absence will exceed sixty (60) calendar days or unless the other state has determined that the individual is a resident of that state.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.760 Furnishing of Social Security Number

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- a) The furnishing of a Social Security number by an applicants/clients is desirable although not an eligibility requirement.

- b) If any Community Care Program applicant or client does not have a Social Security number but wishes to obtain one, the Department or Case Coordination Unit (CCU) shall assist him/her in making such application.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART H: FINANCIAL REQUIREMENTS

Section 240.800 Financial Factors

- a) The requirements of Sections 240.510 810 through 240.875 et seq. are not applicable to those individuals determined eligible prior to July 1, 1983, and who have had continuous service since that time. However, all clients of the Community Care Program are required to provide information relative to the value and types of assets owned.

- b) The requirements of Sections 240.520 825 through 240.875 et seq. are not applicable to those individuals determined eligible prior to July 6, 1982, and who have had continuous service since that time. However, all clients of the Community Care Program are required to provide information relative to the amount and source of all income.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.810 Assets

- a) To be eligible to receive Community Care Program (CCP) services, an individual applicant/client shall not own non-exempt assets having a combined value in excess of \$10,000. (Refer to Section 240.800.)

- b) The value of non-exempt assets shall be considered in determining eligibility for the Community Care Program.

- c) All assets not specifically exempt are non-exempt.

- d) When a client's non-exempt assets are greater than the allowable disregard (i.e., \$10,000 non-exempt assets), consideration of non-liquid assets may be deferred as follows:

- 1) real property may be deferred from consideration for six (6) months;

- 2) the client shall sign an agreement to dispose of the real

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property in excess of the allowable disregard within six (6) months from the date of the agreement; and

- 3) the six (6) month period for disposition may be extended an additional six (6) months if the client fails to dispose of the asset (through no fault of his/her own) despite reasonable and diligent effort.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.815 Exempt Assets

a) Exempt Assets

- 1) Homestead property
- 2) Clothing and personal effects
- 3) Household furnishings
- 4) Business or farming equipment used for the production of income
- 5) Motor vehicle(s) except those primarily used for recreational purposes
- 6) Group life insurance held as a condition of employment or provided by employer
- 7) The principal of a trust fund only when the instrument establishing the trust specifically states the principal cannot be impaired.
- 8) One of the following:
 - A) a prepaid burial plan and/or other burial merchandise such as crypts, vaults, and/or lot with a total combined value of up to \$1,500 or less if burial merchandise is not specified. If burial merchandise is specified in the burial plan, that merchandise shall be exempt. Any excess of \$1500 in value for burial services shall be considered non-exempt; or
 - B) a life insurance policy with a total face or cash value of \$1,000 \$1,500 or less. When both cash and face value exceed \$1,000 \$1,500 apply the excess cash value over \$1,000 \$1,500 toward the non-exempt assets.

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c) Burial space(s) intended for use of the client and grave markers shall be exempt.

- 9) The value of the coupon allotment under the Food Stamp Act of 1977 (7 U.S.C. 2017(b)).
- 10) The value of the U.S. Department of Agriculture donated funds foods (surplus commodities).
- 11) The value of supplemental food assistance received under the Child Nutrition Act of 1966 as amended, (42 U.S.C. 1780(b)) and the special food service program for children under the National School Lunch Act, as amended (42 U.S.C. 1760).
- b) In addition to the above, the following assets are exempt. These assets remain exempt only so long as they can be identified by a separate account.
 - 1) Any benefits received under Title VII III, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended (42 U.S.C. 3030(e)).
 - 2) Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4636).
 - 3) Any funds distributed per capita to or held in trust for members of any Indian tribe under P.L. 92-254, P.L. 93-134 or P.L. 94-540 450 (25 U.S.C. 1407).
 - 4) Tax-exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1626).
 - 5) Experimental Housing Allowance Program payments made under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 (f)).
 - 6) Effective October 17, 1975, receipts distributed to certain Indian tribal members for marginal land held by the United States government.
 - 7) Payments to volunteers under the 1973 Domestic Volunteer Service Act (48 U.S.C. 5044). These include:
 - A) Vista Volunteers;

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B) Volunteers serving as senior health aides, senior companions, foster grandparents, or persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE).

8) Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Secretary of Education.

9) The weekly incentive allowance made under Section III of P.L. 93-203; the Comprehensive Employment and Training Act of 1973 (29 U.S.C. 801 et seq.).

9 10) Supplemental Security Income (SSI) lump sum payments.

10 11) Income received under the provision of Section 4(c) of the Illinois Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (Ill. Rev. Stat. 1981 1987, ch. 67 1/2, par. 404(c)). This includes both the benefits commonly known as the "circuit breaker" and the "additional grants".

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.820 Asset Transfers

a) The following transactions are considered transfers of assets:

- 1) when an applicant/client buys, sells or gives away real or personal property; or
- 2) if the applicant/client changes the way real or personal property is held.

b) Transfers of assets which are exempt at the time of transfer do not affect eligibility.

c) Transfers of non-exempt assets completed within two (2) years from the date of application for the Community Care Program shall be considered in determining eligibility. If a fair market value was not received, the value of the transferred asset shall be considered toward non-exempt assets and any excess amount shall be considered available to meet service costs unless it is proven that the applicant/client did not transfer the property to qualify for or increase the need for the Community Care Program.

1) If real property was transferred, fair market value is to be

determined by use of statements from reputable realtors or other community members recognized as knowledgeable of property value (e.g., bankers, tax assessors, auctioneers).

2) If personal property was transferred, fair market value is to be determined by use of a statement from an institution having knowledge of the property at the time of the transfer, or from an individual who has specific knowledge of the transfer and/or the value of the asset at the time of the transfer.

3) Factors to be considered when determining whether or not a transfer of property was made to qualify for or increase the need for the Community Care Program include but are not limited to:

- A) The applicant's/client's physical and mental condition at the time of transfer;
- B) the applicant's/client's financial situation at the time of transfer;
- C) the applicant's/client's need for services at the time of transfer;
- D) changes in the applicant's/client's living arrangements at the time of transfer; and
- E) how soon after the transfer the applicant/client applied for services.

d) If after consideration of these factors the applicant/client is ineligible, the period of ineligibility begins at the date of application for applicants and the date of termination for clients. The period of ineligibility lasts from the initial date for as long as the asset would meet the cost of Community Care Program (CCP) services if it were available to the applicant/client, but in no case shall it last longer than two (2) years from the date of transfer.

e) An applicant/client determined ineligible under the above paragraph subsection (d) above may become eligible if the following occurs:

- 1) the property is reconveyed to the applicant/client; or
- 2) an adequate consideration is paid to the applicant/client.

f) It shall be the responsibility of an applicant/client to report all

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property transfers to the Case Coordination Unit (CCU) within five (5) days from the date of the transaction.

- g) If an unreported transfer of property was made by an applicant/client within two (2) years prior to the date of application or was made after the filing of the application but before Community Care Program (CCP) services were authorized, and services to which the client individual was not entitled were received as a result of the failure to report the transfer, services shall be annetted terminated.
- h) Involuntary transfers do not affect eligibility.
- i) When the property transfer was made to obtain support or care, and the terms of the agreement are being met, only those needs not included in the agreement may be met through the Community Care Program.
- j) Transfers because of separation, divorce or other settlement shall not affect eligibility if they are Court ordered; or, if there is no Court order, if and the applicant/client and his/her spouse divide the property in half.
- k) Transfers from an individual bank account to a joint bank account do not affect eligibility if the applicant/client retains access to the money and the money continues to be used for the applicant's/client's needs.
- l) Income Tax Refunds: Income tax refunds are available assets. If the refund is based on a joint income tax return, one-half (1/2) of the refund is to be considered as belonging to the applicant/client.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.825 Income

- a) Documentation of All currently available income which is not specified as exempt shall be provided during consideration in the applicant's/client's determination of eligibility for the Community Care Program. (Refer to Section 240.800.)
- b) The first \$25.00 of a client's earned or unearned income (other than Supplemental Security Income (SSI) or contributions from a spouse or other individual) is exempt from consideration in determining eligibility. A client is eligible for only one \$25.00 exemption regardless of the types or sources of earned or unearned income.

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(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.830 Unearned Income Exemptions

Unearned income is all income other than that received in the form of salary or wages for services performed as an employee or profits from self-employment.

- a) Exempt Unearned Income
 - a) The following unearned income shall be exempt from consideration in determining eligibility:
 - 1) The value of coupon allotment under the Food Stamp Act of 1977 in excess of the amount paid for the coupons (7 U.S.C. 2017(b));
 - 2) The value of the U.S. Department of Agriculture donated foods (surplus commodities);
 - 3) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4636);
 - 4) Any per capita judgment funds paid under Public Law 92-254 to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana and Gros Ventre Tribe of the Fort Belknap Reservation, Montana (25 U.S.C. See: 1264);
 - 5) Any benefits received under Title III, Nutrition Program for the elderly, of the Older Americans Act of 1965, as amended (42 U.S.C. 3030(e));
 - 6) Any compensation provided to individual volunteers under the Retired Senior Volunteer Program (42 U.S.C. 5001) and the Foster Grandparent Program (42 U.S.C. 5011) and Older Americans Community Service Programs (42 U.S.C. 3056) established under Title II of the Domestic Volunteer Service Act, as amended, (42 U.S.C. 5001 through 5023);
 - 7) Income in an amount not greater than \$650 received by a beneficiary of life insurance which is expended on the funeral and burial of the insured;
 - 8) Income received under the provisions of Section 4(c) of the Illinois Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (Ill. Rev. Stat. 1981

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1987, ch. 67 1/2, par. 404(c)). This includes both the benefits commonly known as the "circuit breaker" and "additional grants";

9) Payments to volunteers under the 1973 Domestic Volunteer Service Act (48 U.S.C. 5044(q)). These include:

- A) Vista Volunteers;
- B) Volunteers serving as senior health aides, senior companions or foster grandparents;
- C) Persons serving in the Serving Service Corps of Retired Executives (SCORE) or the Active Corps of Executives (ACE);
- 10) Social Security Death benefits expended on a funeral/ and/or burial;
- 11) The value of home produce which is used for personal consumption;

12) The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, (42 U.S.C. 1780(b)) and the special food service program for children under the National School Lunch Act, as amended (42 U.S.C. 1760);

13) Any payments distributed per capita or held in trust for members of any Indian Tribe under Public Laws 92-254, 93-134 or 94-450 (25 U.S.C. 1407);

14) Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1626);

15) Experimental Housing Allowance Program payments made under Annual Contributions Contracts entered into prior to January 1, 1975 under Section 23 of the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437(f));

16) That portion of an educational benefit which is actually used for items such as tuition, books, fees, equipment or transportation, necessary for school attendance:

- A) Veterans Educational Assistance --
Income from educational benefits paid to a veteran or to a dependent of a veteran shall be exempt only to the extent that it is applied toward educational expenses;

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B) Social Security Administration (SSA) Benefits --
Income received as an SSA benefit paid to or for an individual and conditioned upon the individual's regular attendance in a school, college or university, or a course of vocational or technical learning, shall be exempt to the extent that it is applied toward educational expenses;

C) Loan and Grants --
Income from educational loans and grants obtained and used under conditions that preclude their use for current living costs shall be exempt;

17) Income from educational loans and grants made or insured under any program administered by the Federal Secretary of Education is totally exempt whether the grant is paid directly to the schools or to the student. These loans and grants include the National Direct Student Loans, Basic Educational Opportunity Grants, Supplementary Educational Opportunity Grant, Work Study Grant, and the Guaranteed Loan Program;

18) The following incentive allowances:

A) National Training Services Grant --
Incentive payments which the Department of Rehabilitation Services authorizes to be paid for a maximum of two (2) years to disabled persons receiving categorical public assistance and enrolled in the National Training Service Project;

B) Comprehensive Employment and Training Act (CETA) Programs --
Incentive payments of thirty dollars per week to clients enrolled in CETA training programs;

Jobs Training Partnership Act (JTPA) --
Needs based payments (e.g., transportation); case assistance (e.g., uniforms and lunches); compensations in lieu of wages; and allowances received under JTPA are exempt.

b) Unearned Income In-Kind

- 1) Unearned income in-kind is payment made by a non-member of an applicant's/client's family in behalf of or in the name of a member of the applicant's/client's family (e.g., payment of Community Care Program (CCP) share of incurred expense for care cost, medical bills, etc.).

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- 2) Unearned income in-kind shall be exempt.
- 3) When the applicant's/client's family shares a dwelling unit with another family or individual(s), the exchange of cash for purpose of satisfying payment of shelter related obligations shall not constitute an income in-kind payment and shall not be considered available to the person who receives and disburses the shelter-related payment.

c) Earmarked Income

- 1) Earmarked income is income restricted for the use of a specified individual by court order or by legal stipulation of a contributor.
- 2) Earmarked income shall be considered as income of the specified individual only.

d) Lump Sum Payments

- 1) Lump sum payments shall be considered available for the eligibility period in which it is received and are not exempt.
- 2) Supplemental Security Income (SSI) lump sum payments are exempt income. SSI lump sum payments that are kept separately and are not combined with other monies remain exempt.

e) Protected Income

SSI is protected income and not considered available to be applied toward the cost of care share incurred expense for Community Care Program (CCP) services of anyone other than the SSI recipient.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.835 Earned Income

Earned income is remuneration acquired through the receipt of salaries or wages for services performed as an employee or profits from an activity in which the individual is self-employed. Income received as payment for jury duty or serving as an election judge is considered to be earned income. This includes any payments for mileage, meals, etc..

a) Exempt Earned Income

The first \$20.00 of gross monthly earned income plus one-half of the next \$60.00 shall be exempt. Additionally, the following recognized

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expenses of employment shall be exempt:

- 1) Withholding taxes (federal and state)
- 2) Social Security tax
- 3) Transportation costs. If the individual's own car is the means of transportation, 19 cents the mileage reimbursement rate paid by the State of Illinois per mile shall be allowed as transportation expense.
- 4) Lunch supplementation
 - A) If carried from home, 15 cents per working day to a maximum of \$3.00 per month.
 - B) If purchased at work, 45 cents per working day to a maximum of \$9.00 per month.
- 5) Special tools and uniforms required by employment
- 6) The following expenses ONLY if mandatory as a condition of employment:
 - A) Union dues
 - B) Group life insurance premiums
 - C) Group health insurance premiums
 - D) Retirement plan withholding

b) Earned Income From Work/Study/Training Programs

- 1) Income received by individuals enrolled in on-the-job training programs through CEIA, work experience programs through CEIA, and Public Service Employment programs through CEIA from the Job Training Partnership Act (JTPA) shall be considered earned income. The earned income exemption and recognized employment expenses shall be deducted from that income.
- 2) Income from college work-study is considered exempt income.
- c) Earned Income From Self-Employment
 - 1) Income realized from self-employment shall be considered earned income.

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- 2) Accurate and complete records shall be kept on all monies received and spent through self-employment. If the individual fails or refuses to maintain complete (i.e. adequate to complete federal income tax return) business records, the individual shall be ineligible.
- 3) Business expenses shall be verified documented. The individual shall have full responsibility for proof of any business expense. No deduction shall be allowed for depreciation, obsolescence/ and/or similar losses (e.g. theft, breakage) in the operation of the business.
- 4) Gross income from the business shall be turned back into the business only to replace stock actually sold.
- 5) The net income shall be the gross remaining after the replacement of stock and business expenses and the appropriate employment expenses, as specified in subparagraph subsection (a) above, have been deducted. The earned income exemption, if applicable, shall be computed on the net income.

d) Earned Income From Roomer and Boarder

- 1) Money paid by roomers/ and/or boarders to an applicant/client or to member of an applicant's/client's family member who represents himself/herself as being self-employed in the business of renting rooms shall be considered earned income.
- 2) The following items shall be allowed as deductions from income received from a roomer and boarder:
 - A) Replacement of towels and bed linen -\$1.50
 - B) Laundry - 55 cents for additional supplies when the client launders the linen; or the roomer's per capita cost when laundry is done commercially.

C) Food - Based on the number of boarders, the following amount are to be used:

Number of Boarders	On Public Assistance	Not on Public Assistance
1	\$38.68	\$48.35
2	\$35.47	\$44.33
3-7	\$32.25	\$40.31
8 or more	\$31.70	\$39.62

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D) Applicable earned income exemptions.

The applied earned income exemption shall be the only deduction allowed from for a roomer who is not also a boarder.

e) Income From Rental Property

- 1) Income which an applicant/client receives from rental property which he/she owns shall be considered earned income if the applicant/client is actively engaged in the management of the property. Such activity is to be determined by the applicant's/client's declaration or by viewing a management agreement.
- 2) When determining net income, the reasonable and necessary rental expenses which the applicant/client incurs in the production of income may be deducted from the gross income. Reasonable and necessary rental expenses include repairs, taxes, insurance, mortgage payments and utilities if the landlord pays them.
- 3) If an applicant/client is responsible for cleaning a room and providing clean linens, the income which he/she receives shall be considered earned income from a roomer rather than earned income from rental property.
- 4) After deduction of rental expenses (which determines net rental income), the appropriate earned income exemption/ employment expenses, as specified in subsection (a) above, shall be deducted to determine from net rental income to determine net income.
- 5) The appropriate earned income exemption shall be deducted from gross rental income (after deducting expenses) to determine net income.

f) Earned Income In-Kind

- 1) Earned income in-kind is remuneration received in a form other than cash for services performed. Such remuneration shall include, but is not limited to: housing, food (except meals provided while working), satisfaction of a debt, or a service provided by the employer for the employee.
- 2) Earned income in-kind shall be exempt.

- g) Income From Earned Income Credit.
Earned Income Credit payments received as a part of an Federal income tax refund are considered earned income when received as:

- 1) an advance payment, or
2) part or all of an income tax refund.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.855 Fees Applicant/Client Expense for Services Care

The requirements of Section 240.855 are not applicable to those individuals determined eligible prior to July 6, 1982, and who have had continuous service since that time. Continuous service is defined as service which has not been interrupted by a termination as defined in Sections 240.810 and 240.820 950.

- a) An eligible applicant/client of the Community Care Program (CCP) or the applicant's/client's authorized representative shall sign a cost sharing the Client agreement - Plan of Care agreeing to pay to the vendor a portion of all income in excess of the following thresholds, but not in excess of the cost of care; expense to be incurred for monthly care based upon family size, the number in the family receiving Community Care Program (CCP) services, and the Determination of Need (DON) score for Community Care CCP services provided to the eligible applicant/ client by the vendor:

Family Size	1	2	3 or more
Threshold	\$426	\$639	Add \$89 to \$639 base for each additional family member

- b) Refusal by the eligible applicant(s)/authorized representative to sign the required cost sharing Client agreement - Plan of Care for payment of the expense for care to be incurred monthly, developed in accordance with this Section, shall result in denial of the application.
- c) Refusal of a client/authorized representative to sign the required Client Agreement - Plan of Care for payment of the expense to be incurred monthly for care, during a redetermination of eligibility, shall result in termination of CCP services.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.860 Change in Income

It is the responsibility of an applicant/client/authorized representative of the Community Care Program to advise the Department and inform the Case Coordinator Unit (CCU)/Department of any change in the applicant's/client's income. Within thirty (30) days following the date of such change, and Change in Income shall be reported at the time of determination or redetermination of eligibility or within thirty (30) calendar days from the date of such change, whichever is sooner. The applicant/client/authorized representative shall provide written documentation when available. (Refer to Section 240.250 360)

Failure to notify the CCU/Department of a change in income may result in reimbursement to the Department or termination.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.865 Application For Public Medical Assistance (Medicaid)

Applicants/clients who, after having been determined eligible for the Community Care Program, appear to meet eligibility requirements for public medical assistance from the Illinois Department of Public Aid (IDPA) shall make application are required to apply to IDPA for a determination of eligibility for such public medical assistance.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.870 Fee Determination of Applicant/Client Monthly Expense for Care

- a) The amount of the total cost of expense which will be incurred for Community Care Program (CCP) services and to be assessed the eligible applicant/client shall be determined by reference to the Community Care Program Fee Schedules, Form IL 402-0350. The setting of fees will be based upon the following criteria:

- 1) multiplying units of service(s) provided by the following client fixed fee share rates:

Homemaker -- \$5.85 per unit
Chore-Housekeeping -- \$5.30 per unit
Adult Day Care -- \$18.50 per unit

- 2) referring to Community Care Program Fee Schedules and utilizing the applicant's/client's available income, as determined by

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Section 240.855, and the monthly incurred expense for care determined by subsection (a)(1) above.

- b) The determination of applicant/client expense for care provided by the use of Community Care Program Fee Schedules shall be based upon the following criteria:

1) For persons earning scoring up to and including 56 total points on the Determinations of Need (D-O-N-): Dividing the actual cost of Community Care applicant/client expense to be incurred for care by provision of CCP services, based upon the approved service plan(s) applicant/client plan of care, by the result of 598 multiplied by the number of family members to receive Community Care CCP services.

2) For persons earning scoring more than 56 points on the D-O-N-: Dividing the actual cost of Community Care applicant/client expense to be incurred for care by provision of CCP services, based upon the approved service plan(s) applicant/client plan of care by the result of 844 multiplied by the number of family members to receive CCP services.

3) Multiplying the quotient derived from 1 or 2 above by:
Total family income (Refer to Section 240.520 et seq.) minus the applicable threshold (Refer to Section 240.855).

- cb) In the event two or more members of a family are receiving Community Care Program services, the selection of (b) 1 or 2 above will depend upon the highest point count earned scored.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.875 Client Responsibility

- a) Payment of the amount an incurred monthly expense for Community Care Program (CCP) services, arrived at by use of the formula outlined in Section 240.534-870 shall be the responsibility of the client.

- b) Failure of a client to make payment of his/her share of cost of care If a client fails to make payment of the incurred monthly expense for more than thirty (30) thirty (30) calendar days following from the date of the bill from the vendor, the vendor shall may, at the discretion of the vendor, result in discontinuance of services request the Case Coordination Unit (CCU) to discontinue services to the client. The request shall be submitted in conformance with Section 240.935.

- c) Discontinued services shall be reinstated upon receipt of payment by the client to the vendor of the outstanding incurred monthly expense or upon receipt of a plan of payment of incurred expense as agreed upon by the vendor and the client. There shall be no loss of benefits to the client upon reinstatement due to the non-payment and discontinuance of services. Prior to reinstatement, the vendor shall notify the CCU that the past due payment has been received, or a plan of payment has been agreed upon and the CCU shall perform a redetermination of need for services.

- de) If a client desires services in addition to those authorized by the Community Care Program, the client shall be responsible for full payment for those additional services.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART I: DISPOSITION OF DETERMINATION

Section 240.905 Prohibition of Institutionalized Individuals From Receiving Community Care Program Services

Community Care Program (CCP) services shall not be provided to any individual who is otherwise eligible for those services while that individual is hospitalized or is a resident of a group care facility or any other type of an in-patient of any institution except when a determination of eligibility is conducted in the process of discharge planning as specified in Section 240-426 which is subject to licensure as required by the Illinois Nursing Home Reform Act of 1979 (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 4151-101 et seq.).

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.910 Written Notification

Each individual applying for Community Care Program (CCP) services shall receive written notification relative to eligibility or ineligibility to receive such CCP services.

- a) Such written notification shall be provided sent to the individual within fifteen (15) calendar days following from the date completion of the completed determination of eligibility.
- b) The written notification shall contain the following statement:

NOTICE

If you have been found eligible for Community Care services,

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you should begin receiving services within 15 days of the date of this Notice. If a homemaker or housekeeper has not come to help you within 15 days, you can hire your own homemaker or housekeeper (including a friend or relative) to provide the amount and type of Community Care services specified in this Notice. The Department on Aging will pay the homemaker or housekeeper you have hired to the extent authorized by the Notice of Eligibility at the Department's standard rate. Payment shall continue until such time as the Department's approved vendor initiates provision of Community Care services to you.

c) If it is necessary for the client to hire his/her own homemaker or housekeeper due to the failure of the authorized vendor to provide CCP services within fifteen (15) calendar days, such temporary services and payment for such services shall terminate immediately upon initiation of service provided by a CCP approved vendor. (Refer to Section 240.1580(c).)

de) If an individual is determined ineligible and an application is denied, the written notification shall be sent to the applicant by certified mail, return receipt requested, or given to the applicant personally, in which case the applicant shall provide a signed and dated receipt for the notice. The notice shall clearly state the reason for the denial and shall advise the applicant of his/her right to appeal the decision. (Refer to Section 240.270 400.)

e) If an applicant is denied because of death, the notice may be sent by regular mail.

f) The date of the written notice of eligibility or ineligibility shall be the same date as the date of mailing. The vendor shall be notified on the same date of mailing as the client.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.915 Service Provision

If an applicant/client is determined eligible for the Community Care Program, services shall be provided in accordance with the plan of care within fifteen (15) calendar days after from the date of the notification of eligibility, as required by Section 240.910, unless delayed by the applicant/client/authorized representative.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.920 Reasons for Denial

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An application may be denied for Denial of Community Care Program (CCP) eligibility shall be based upon one or more of the following reasons identified below:

a) The applicant is not less than sixty (60) years of age or older at the time of the determination of eligibility.

b) The applicant is not in need of long-term care CCP services: scored less than twenty-eight (28) total points/or less than eighteen (18) points in "Part A, Functional Ability" Impairment, on the CCP Determination of Need.

c) Applicant refuses to sign cost-sharing Client Agreement -Plan of Care relative to fees assessed as required by Section 240.530.

d) Applicant refuses to pay the expense to be incurred for care as required by Section 240.855.

ed) Applicant refuses to sign does not agree with plan of care/hours of service.

fe) Applicant is deceased prior to date of disposition of application.

gf) Applicant is has been institutionalized prior to date of disposition of application.

hg) Applicant voluntarily withdraws application.

ih) Applicant cannot be located to determine eligibility/provide CCP services.

ji) Applicant has not provided reasonable documentation supporting eligibility as required by the Department or its Case Coordination Unit (CCU) within sixty (60) calendar days from the date of receipt of the request for information completed application.

kj) Applicant refuses to provide or has not cooperate cooperated in the provision of reasonable documentation supporting eligibility as required by with the Department/or its CCU/vendor as required and as specified by Section 240.350.

lk) Applicant does not meet citizenship requirements.

ml) Applicant does not meet residency requirements.

mn) Physician; determination that health/ and/or safety needs of the applicant; determined by the CCU to meet all other eligibility

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requirements, requires 24 hour care available only in an Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF);

n) A plan of care cannot be developed that adequately meets the applicant's determined needs.

1) Such determination shall be sought first through the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner endorsement. Failure to obtain the endorsement shall be so documented.

2) If the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner fails to provide the supportive endorsement, the CCU shall make the determination that an adequate plan of care cannot be developed in accordance with Section 240.715.

on) The total value of Applicant's has non-exempt assets are in excess of \$10,000 maximum allowed.

p) Applicant has not provided the Physician, Nurse Practitioner, Registered Nurse or Christian Science Practitioner endorsement as required by Section 240.730(d).

q) Eligibility could not be established for an applicant who was receiving interim services based upon presumptive eligibility as required by Section 240.1020.

r) Applicant provided fraudulent information.

s) Applicant whose CCP services were previously denied or terminated for non-cooperation as set forth in Section 240.350 shall be denied services upon re-application, except as the situation or condition which led to the memorandum of understanding (See Section 240.350) has been permanently resolved.

t) An applicant has an outstanding bill for CCP services provided prior to this application.

u) Applicant chooses not to receive CCP services from the list of authorized vendors and has so indicated on the Client's Vendor Selection form.

v) An applicant received interim services in the past for which an incurred expense was never paid.

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w) Applicant has transferred non-exempt assets within the past two years for the purpose of obtaining CCP services.

x) Applicant refuses to accept provision of services by a Department authorized vendor.

y) Applicant has not reported or refused to provide documentation of changes in circumstances which have occurred prior to eligibility determination as required by Section 240.360.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.925 Frequency of Redeterminations (Renumbered)

(Source: Section 240.925 renumbered to Section 240.655 at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.930 Suspension of Services

a) Community Care Program (CCP) services may be suspended by a Case Coordination Unit (CCU) when a client has not cooperated with the vendor in the provision of services as set forth in Section 240.350. Services shall be reinstated when the client has met and continues to meet the requirements in the memorandum of understanding (Refer to Section 240.350).

b) The vendor shall notify the CCU of the need for suspension in accordance with Section 240.350.

c) Upon receipt of the vendor's verbal request for suspension, the CCU shall immediately, but not later than the next work day, verbally advise the client of the suspension and the date of the suspension of service(s). This date shall be the date the vendor left or was unable to render service.

d) Notification of the suspension of services shall be sent to the client/authorized representative and the vendor(s) by the CCU by regular mail within five (5) calendar days from the verbal notification by the CCU to the client.

e) The CCU shall, in accordance with Section 240.350, obtain the signature of all parties to the memorandum of understanding within thirty (30) calendar days from the effective date of suspension.

f) Upon execution of the memorandum of understanding (see Section 240.160), reinstatement of service shall be authorized in writing by the CCU, to be effective on or before fifteen (15) calendar days

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from the date of the last signature on the memorandum of understanding. The written notice shall be provided to the client and vendor(s) by regular mail.

- g) Suspension of services may not be appealed because a suspension is not a final decision.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.935 Discontinuance of Services to Clients

- a) When a client fails to make payment, or refuses to make payment of his/her incurred expenses for Community Care Program (CCP) services provided by an authorized vendor within thirty (30) calendar days from the date of the vendor's bill to the client, the vendor may request the Case Coordination Unit (CCU) to discontinue services. (See Section 240.1520.) The CCU shall notify the client by regular mail on or before fifteen (15) calendar days from the date of the vendor request to discontinue services and the discontinuance shall be effective no sooner than fifteen (15) calendar days from the date of the notice.

- b) The vendor may, upon discontinuance, request reimbursement from the Department not to exceed one hundred twenty (120) calendar days charges to the client.

- ec) Discontinued services may be reinstated only upon payment of the indebtedness by the client within one (1) year from the effective date of discontinuance of services. Upon receipt of such payment, CCP services shall be reinstated without loss of benefits on or before fifteen (15) calendar days from the date of receipt. Written notification of reinstatement shall be provided to the client and the vendor(s) by regular mail.

- fd) If discontinued services are not reinstated based on payment of indebtedness by the client within one (1) year from the effective date of discontinuance, services shall be terminated by the CCU.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.940 Penalty Payments

The Department shall pay \$100 to each eligible applicant to whom a Notice of Eligibility is not mailed within forty-five (45) calendar days of from the date on which a completed application, as defined in Section 240.310 510, is received by the Department or a Case Coordination Unit (CCU). It shall be the responsibility of the applicant/authorized representative to notify the

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Department in writing when this occurs.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.945 Notification

- a) An individual receiving Community Care services whose type of service is being changed or whose level or amount of services is being reduced or terminated, shall be advised of the change, reduction or termination by written notice. Any client whose Community Care Program (CCP) services are being changed in the following manner shall be advised of the change by written notice: change of service type; reduced amount of service; increased monthly incurred expense; or termination.

- 1b) Such written notice shall be given an individual sent to a client by certified mail, return receipt requested, or given to the individual client personally, in which case the individual is to provide a signed and dated receipt for the notice, except in the case in the event of death of a client, in which case regular mail is acceptable.

- 2e) The notice shall clearly state the reason for the action being taken.

- 3d) The client shall be notified of the action being taken no later than fifteen (15) calendar days from the date of redetermination and the action shall be effective no sooner than fifteen (15) calendar days from the date of the notice if the action is adverse to the client (see Section 240.160 for a definition of adverse action). This time frame does not apply to termination as a result of the non-cooperative act specified in Section 240.350(b)(1).

- 4e) In the case event of death of the client, the termination shall be effective the date of the notice. The Case Action Notice form shall be dated and mailed/hand delivered on the same day.

- b) A CCP client's service(s), as specified in subsection (a) above, may be changed or reduced at the request of the client and not require the fifteen (15) calendar day notice period under the following circumstances:

- 1) the client provides the CCU with a signed statement that the change or reduction is at the client's request;

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- 2) the CCU, client and vendor mutually agree to the initiation of the change or reduction on the agreed upon date (which may be less than the required fifteen (15) calendar days from the date of the notice to the client);
- 3) A written notice is provided to the client (either by certified mail, return receipt requested, or handed to the client, with a receipt provided by the client for the notice) prior to the initiation of the change or reduction. The notice shall indicate the agreed upon effective date;
- 4) rights of appeal shall not be denied to a client who has requested a change or reduction in CCP services; and
- 5) the CCU has documented all of the above and placed the client's statement in the client's file.
- c) When a redetermination of eligibility requires an increase, no change in service, or proportionate share of cost of care, no change in the amount of expense to be incurred by the client (if applicable), the client shall be notified in writing. Such notice shall be mailed by regular mail to the client within fifteen (15) calendar days of from the date of the redetermination.
- d) A copy of any notification mailed/hand delivered to a client shall be mailed/provided to the appropriate vendor on the same date it is mailed/hand delivered to the client.

Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89

Section 240.950 Reasons for Termination

A client shall be terminated from the Community Care Program (CCP) services shall be terminated for one or more of the following reasons identified below:

- a) Client is deceased;
- b) Client is hospitalized; enters a group care facility; is institutionalized an in-patient of any institution or is otherwise not available for services for more than sixty (60) calendar days;
- c) Client's condition has improved and there is no longer a need for Community Care CCP services as measured by the CCP Determination of Need (DON);
- d) Client cannot be located;

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- e) The Client has moved from the state;
- f) Client has requested cancellation termination of services;
- g) Client refuses transfer to a different vendor/Case Coordination Unit (CCU) and the current vendor/CCU cannot provide services needed by the client;
- h) Client has not cooperated in failed to cooperate with the determination of continuing eligibility Department/CCU/vendor as required and as specified in Section 240.240 350;
- i) Client no longer meets citizenship requirements;
- j) Client no longer meets residency requirements;
- k) Physician determination that health and/or safety needs of the client require 24 hour care available only in an Intermediate Care Facility (ICF) or a Skilled Nursing Facility (SNF) a plan of care cannot be developed that adequately meets the client's determined needs in accordance with Section 240.715.
- 1) Such determination shall be sought first through a the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner endorsement. Failure to obtain the endorsement shall be so documented.
- 2) If the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner fails to provide the supportive endorsement, the CCU shall make the determination that an adequate plan of care (see Section 240.730(d)) cannot be developed.
- k) Client's has non-exempt assets in excess of have increased and exceed \$10,000 maximum allowed (see Section 240.810(a));
- l) Client failed to report the transfer of non-exempt assets as required by Section 240.820;
- m) Client, initially determined eligible prior to July 6, 1982 (see Section 240.800(a) and (b)), who has had continuous service since that time, refuses to declare income/assets upon redetermination;
- n) Client has failed to report or refused to provide documentation of changes in circumstances as required by Section 240.360;
- o) Client refuses to sign a Client Agreement - Plan of Care (see

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Section 240.855(c)1:

- p) client rejects CCP services under Section 240.330 and has so indicated on the Client's Vendor Selection form; or
- q) a client, whose CCP services were discontinued for non-payment of incurred expense for care, has not made payment for the indebtedness, and has not received CCP services for more than one (1) year (see Section 240.935(e)).

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART J: SPECIAL SERVICES

Section 240.1010 Nursing Home Prescreening

- a) Nursing home prescreening is defined as the review and assessment of the need for long-term care placement as required by the rules of the Illinois Department of Public Aid (89 Ill. Adm. Code 140.642). This mechanism ensures that an individual who is: 60 years of age or older, is Medicaid eligible, or who is likely to become Medicaid eligible within sixty (60) calendar days from the date of admission, will be assessed prior to placement in an Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF).

- b) The pPrescreening shall be accomplished through by the administration of the Community Care Program (CCP) Determination of Need and completion of the Department of Public Aid Interagency Certification of Results (DPA-ICR): The CCP Determination of Need shall be administered primarily as an integral follow-up to application for the Community Care Program, but may be administered as a separate entity whenever the Case Coordinator Unit (CCU) is notified of imminence of placement of an individual in a nursing home (ICF or SNF) by a hospital or a nursing home.

- 1) when hospital discharge planners have advised the CCU of the imminent risk of ICF or SNF placement of a patient who meets the above criteria and in advance of discharge of the patient; or
- 2) when a CCU has been advised of the imminent risk of ICF or SNF placement of an individual in the community.

- c) A CCU must complete a DPA-ICR form within two (2) work days from the receipt of advice of discharge from a hospital or the community.

- a) Community Care services shall be approved where indicated services are available and provided on an interim basis based on an

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- d) A CCU must also complete, within two (2) work days from the date of receipt of advice of discharge, a Department of Mental Health and Developmental Disabilities (DMHDD) Level I identification screening if the individual is determined appropriate for ICF or SNF placement.

- de) Responsibility for prescreenings shall be vested in the CCUs. However, CCUs may delegate authority to perform prescreenings to hospital discharge planners/social workers who have received training by the Department (refer to Section 240.740), regularly attend required ongoing training, and who, in the professional judgement of the CCU, are qualified and approved to administer the CCP Determination of Need.

- ef) The individual who is prescreened shall, if in-home or community-based services are appropriate, be informed of the available in-home or community-based options and of his/her right to request Community Care Program (CCP) services. The prescreened individual shall also be advised of his/her right to refuse either nursing home, in home or community-based or all services.

- fg) Post-screening may occur:

- 1) after nursing home placement in an emergency situation, the CCU shall conduct prescreening within fifteen (15) calendar days from the date of the request for post-screening; or
- 2) when admission to the nursing home has occurred without benefit of prescreening and there is a need to apply for Medicaid assistance prior to sixty (60) calendar days from the date of nursing home admission.

- 3) In either instance, the CCP Determination of Need shall be administered based upon the reported condition of the client at the time of admission to the nursing home.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)
Section 240.1020 Interim Services

Interim services are Community Care Program (CCP) services provided to individuals age 60 and over on an interim basis, dependent upon the applicant's presumptive eligibility and subsequent to prescreening of the applicant.

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applicant's presumptive eligibility when all of the following conditions are met. Presumptive eligibility shall be based upon the following criteria:

- 1) an application has been completed by an individual age 60 and over or by the individual's authorized representative following prescreening.
- 2) Notification has been received by the appropriate Case Coordination Unit (CCU) from a hospital or from an individual or agency in the community that the applicant is at imminent risk of Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF) placement within three (3) work days.
- 3) A physician, Nurse Practitioner, Registered Nurse, or Christian Science Practitioner has certified in writing that the applicant is unable to remain safely in his/her home without the provision of in-home or community-based care services and is, therefore, in at imminent risk of being placed in an Intermediate Care Facility (ICF) or a Skilled Nursing Facility (SNF); placement within three (3) work days.
- The physician, Nurse Practitioner, Registered Nurse, or Christian Science Practitioner further certifies that the proposed CCP plan of care will enable the applicant to remain at home safely.
- 4) An Application For Service, Form IL 402-0170, has been completed by or for the applicant;
- 5) An available ICF or SNF bed has been located for the applicant;
- 6) Placement into the ICF or SNF will be made within 3 working days of receipt of the Application For Service by the Case Coordination Unit (CCU) or receipt of notification by a hospital that an application has been completed;
- 7) By the applicant's declaration the citizenship, residence and assets eligibility requirements are met; and,
- 8) The applicant has scored at least the minimum required points on the CCP Determination of Need, Form IL 402-0195.
- 9) A CCP Determination of Need (DON) has been administered and the applicant has received the minimum required score of 18 points on Part A and a total score of at least 28 points.

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- 5) The applicant has provided declared information on all other CCP eligibility requirements.

6) The Interim Client Agreement has been fully executed, the applicant has completed a Client's Vendor Selection form in accordance with Section 240.330, and the vendor has been notified.

7) The determination of presumptive eligibility shall be completed and the vendor notified within three (3) work days from the date of receipt of the completed application (or notice of the completion of the application) by the CCU.

b) The CCU shall complete the determination of eligibility based on the above requirements within 3 working days of the initial request for service. When presumptive eligibility has been determined and interim services are approved in accordance with the plan of care, services shall be initiated by the vendor to the applicant within two (2) work days from the date of notification to the vendor of the applicant's presumptive eligibility.

c) If interim services are approved based upon the presumptive eligibility of the applicant, the vendor is to institute Community Care services to the client within 2 working days of receipt of the notification of presumptive eligibility from the CCU. A DON shall be administered in the home of the applicant by the CCU within fifteen (15) calendar days from the date of initiation of services. The formal determination of eligibility for CCP services shall be completed within sixty (60) calendar days from the date of receipt of the completed application.

d) Interim services may continue up to a maximum of sixty (60) calendar days from the date of application pending finalization of the formal determination of eligibility by the CCU. Services are to be terminated shall be denied at any time during the sixty (60) calendar day interim service period:

- 1) If evidence of ineligibility, based upon any eligibility requirement, is determined;
- 2) if the applicant fails to cooperate in the determination of eligibility process; or
- 3) as specified in Section 240.613 660, in the event that an applicant's eligibility cannot be determined due to the applicant's failure to provide reasonable documentation (factual information to substantiate provided information when

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provided information is contradictory or not specific) within sixty (60) calendar days following from the date of receipt of the completed application form.

- e) Notification of eligibility or ineligibility shall be provided in writing as required by Section 240.910.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1040 Intense Service Provision

Several Community Care Program workers' services (not to exceed four) may be utilized, on a one-time basis only, to clean a new client's home, thereby making it possible to maintain the health and safety of the client. However, the total monthly service costs may not exceed the maximum monthly cost allowable as indicated on the client agreement.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1050 Temporary Service Increase

- a) Community Care Program (CCP) clients who have been hospitalized for not more than sixty (60) calendar days shall have a determination of their service needs conducted by hospital discharge planners or the appropriate Case Coordination Unit (CCU) prior to discharge.

- b) If, the hospital discharge planners notify the appropriate CCU prior to the discharge of the CCP client of the need for a service increase, a determination of need shall be conducted in the hospital by the discharge planners or by the CCU within three (3) work days from the date of the notice. The CCU shall verbally authorize a temporary increase in services if the need is indicated by the determination. The CCU shall notify the vendor by telephone to reinstate services, giving the date of discharge and the temporary increase.

- c) Notification shall be given to the CCP client/authorized representative and the vendor immediately following completion of the CCP Determination of Need. The notification shall be confirmed in writing. Both the verbal and written notification shall indicate the increase and the temporary nature of the increase.

- d) Within fifteen (15) calendar days from the date of the client's discharge, the CCU shall make a home visit to the client for the purpose of redetermination of need to determine if the temporary increase should be continued or reduced. (Refer to Section 240.620 subsection (c)).

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(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART K: TRANSFERS

Section 240.1110 Transfers Individual Transfer Request - Vendor to Vendor - No Change in Service

- a) A Community Care client may transfer from one Case Coordination Unit (CCU) or vendor to another CCU or vendor with continuous eligibility pending redetermination of eligibility by the receiving vendor. Such transfer may be requested by the Department, a CCU, a vendor or the client.

- b) A Community Care client receiving services prior to July 6, 1982, may transfer from one vendor to another vendor with no change in eligibility if provision of services is continuous. Continuous service is defined as service which has not been interrupted by a termination as defined in Sections 240.420 and 240.430. Such transfer may be initiated by a vendor or a client and must have been approved by the Department. The request for approval by the Department must be made thirty (30) days in advance of the desired transfer date. (Refer to Section 240.840 et seq.)

- c) Reasons for transfer include, but are not limited to:

- 1) a change in the client's condition;
- 2) a geographic change in the client's residence; or
- 3) the agreement between the Department and the vendor or CCU, as appropriate, has been amended or terminated.

- d) In those cases in which a transfer will be from the area of jurisdiction of one CCU to the area of jurisdiction of another CCU, the request for transfer shall be made to the Department. In those cases in which the transfer will be from one vendor to another vendor within the same CCU's area of jurisdiction, the request for transfer shall be made to the CCU.

- a) The Department, a Case Coordination Unit (CCU) or a client/authorized representative may request a transfer for provision of Community Care Program (CCP) services from one vendor to another vendor, within the same service area, and without any change in service needs. The transfer request may be initiated by verbally advising the CCU of the desired change in vendor. The CCU shall verbally advise the client of the vendor choices available. The CCU shall complete a new Client Agreement - Plan of Care and

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Client's Vendor Selection forms based upon that verbal advice from the client as to his/her selection.

b) Reasons for the CCU to authorize a vendor to vendor transfer with no change in services provided may include:

- 1) the needs of the client are not being met by the current vendor; or
- 2) the client has exercised his/her right of freedom of choice and requested transfer.

c) Within five (5) work days from the date of receipt of a verbal request to effect a transfer, the CCU shall forward a Client's Vendor Selection form and new Client Agreement to the client/authorized representative for signature.

d) Within thirty (30) calendar days from the date of receipt of the signed Client's Vendor Selection form and Client Agreement, the CCU shall:

- 1) complete a Case Action Notice establishing the effective date of transfer; and

2) forward:

A) the original Case Action Notice to the client/authorized representative;

B) a copy of the Case Action Notice, the original Client Agreement and a copy of the Case Documentation for Determination of Need to the receiving vendor on the same day the original Case Action Notice is sent to the client;

C) a copy of the Case Action Notice to transferring vendor.

3) Upon receipt of the vendor's signature on the Client Agreement - Plan of Care, a copy of the executed Client Agreement - Plan of Care shall be placed in the CCU's client file and a copy shall be forwarded to the client.

e) The effective date of the transfer shall be within fifteen (15) calendar days from the date of the Case Action Notice and service shall be initiated by the receiving vendor without service interruption.

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f) If a delay in any of the above time frames is caused by the documented action or inaction of the client/authorized representative, time frames shall be extended by the number of calendar days of the delay.

g) If a client has any outstanding incurred expense due to the transferring vendor, such incurred expense must be paid in full in accordance with Section 240.935 and Section 240.1130, subsection (d)(4)(B).

(Source: Section repealed, new Section adopted at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1120 Requesting Approval {Individual Transfer} Individual Transfer Request - Vendor to Vendor - With Change in Service

A request for transfer shall be submitted in writing at least ten (10) days prior to the desired transfer date. A written response shall be provided within fifteen (15) days following the date of the request for transfer.

a) A request for transfer of a Community Care Program (CCP) client from one vendor to another vendor within the same service area which requires a change in the services provided shall be effected by the Case Coordination Unit (CCU) following a redetermination of need. The request may be initiated by the Department, CCU, the vendor, or the client/authorized representative verbally or in writing to the CCU. The CCU shall complete the redetermination of need, including obtaining a completed and signed Client's Vendor Selection form and Client Agreement - Plan of Care from the client/authorized representative, within thirty (30) calendar days from the date of the request unless delayed by the client/authorized representative.

b) Reasons for a vendor to vendor transfer with a required change in service may include:

- 1) a change in the client's condition, and
- 2) the vendor's inability to meet the service needs of the client, as required by the plan of care.

c) The CCU shall:

- 1) no later than fifteen (15) calendar days from the date of redetermination, complete in accordance with Section 240.945 and forward:

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- A) the original Case Action Notice to the client/authorized representative;
- B) a copy of the Case Action Notice, the original Client Agreement - Plan of Care and a copy of the Case Documentation for the Determination of Need to the receiving vendor on the same day the original Case Action Notice is sent to the client;
- C) a copy of the Case Action Notice to the transferring vendor.

- 2) Upon receipt of the vendor's signature on the Client Agreement - Plan of Care, a copy of the executed Client Agreement - Plan of Care shall be placed in CCU's client file and a copy shall be forwarded to the client.

- d) The effective date of transfer shall be no later than fifteen (15) calendar days from the date of the Case Action Notice and service shall be initiated by the receiving vendor without service interruption.

- e) If any delay in any of the above time frames is caused by the documented action or inaction of the client/authorized representative, time frames shall be extended by the number of calendar days of delay.

- f) If a client has any outstanding incurred expense due to the transferring vendor, such incurred expense must be paid in full in accordance with Section 240.935 and Section 240.1130 subsection (d)(4)(B).

(Source: Section repealed, new Section adopted at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1130 Transfer Responsibilities (Individual Transfer)
Individual Transfers - Case Coordination Unit to Case Coordination Unit

- a) If approved, the original case record shall be forwarded by the transferring CCU or vendor to the receiving CCU or vendor. The receiving vendor shall provide service in accordance with the plan of care of the transferring vendor until a redetermination has been made and a new plan of care has been developed.
- b) The receiving CCU shall redetermine eligibility for Community Care Services and develop a new plan of care within thirty (30) days

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from the date the transferred case is received.

- a) A Community Care Program client may transfer from one Case Coordination Unit (CCU) service area to another CCU service area with continuous eligibility pending a redetermination of eligibility by the receiving CCU. Such transfer may be requested by the Department, a CCU, or the client/authorized representative verbally or in writing.

- b) A reason for transfer from CCU to CCU shall be a geographic change in the client's residence.

- c) The effective date of transfer shall be within fifteen (15) calendar days from the date of the Case Action Notice and services shall be initiated by the receiving vendor without service interruption.

- d) To implement the transfer, the transferring CCU, within five (5) work days from the date of a request or notice of need to transfer, or five (5) work days prior to the effective date of transfer, whichever provides the most notification to the receiving CCU, shall:

- 1) notify the receiving CCU of the impending transfer and the desired date of transfer; and
- 2) forward to the receiving CCU the original case record of the transferring client; and
- 3) forward the Case Action Notice to client/authorized representative and a copy to the transferring vendor.

- 4) If a client who is transferring from one CCU to another CCU has any outstanding incurred expense due to the transferring vendor, the transferring CCU shall transfer the client's case record to the receiving CCU and:

- A) advise the receiving CCU in writing not to begin the vendor selection process or initiation of service until such time as the transferring vendor has advised the receiving CCU in writing that payment in full has been received from the transferring client, and
- B) notify the client in writing that services will be discontinued for non-payment of incurred expense for care in accordance with Section 240.935.

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e) The receiving CCU shall:

- 1) upon receipt of the Client's Case Record, advise the client/authorized representative as to the vendors in the CCU's area which are authorized, and appropriate, to provide the client's service needs in accordance with the client's plan of care. The client shall advise the CCU as to his/her selection and the CCU shall complete a new Client Agreement - Plan of Care and Client's Vendor Selection forms.
- 2) Forward to the client/authorized representative a completed Client's Vendor Selection form and new Client Agreement - Plan of Care for signature.
- 3) Upon receipt of the signed Client's Vendor Selection form and Client Agreement - Plan of Care, complete a Case Action Notice establishing the effective date of the transfer.
- 4) Forward:
 - A) the original Case Action Notice to the client/authorized representative;
 - B) a copy of the Case Action Notice, the old Client Agreement - Plan of Care and a copy of the old Case Documentation for the Determination of Need to the receiving vendor on the same day the original Case Action Notice is sent to the client.

- 5) Upon receipt of the vendor's signature on the new Client Agreement - Plan of Care, a copy of the executed Client Agreement - Plan of Care is to be placed in CCU's client file and a copy shall be forwarded to client.

- f) If any delay in any of the above time frames is caused by the documented action or inaction of the client/authorized representative, time frames shall be extended by the number of days of delay.

- g) The receiving CCU shall perform an initial determination of eligibility of the client and develop a new plan of care within thirty (30) calendar days from the date of receipt of the case record.

(Source: Section repealed, new Section adopted at 13 Ill. Reg. 11193, effective 7/1/89)

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Section 240.1160 Temporary Transfers - Case Coordination Unit to Case Coordination Unit

- a) A Community Care Program (CCP) client/authorized representative may request a transfer from the client's Case Coordination Unit (CCU) service area to another CCU service area for a temporary period of time, not to exceed thirty-one (31) calendar days, when the client is temporarily residing with a relative, or other responsible individual, but intends to return to the client's permanent residence. When the temporary transfer exceeds thirty-one (31) calendar days, the transfer is considered to be permanent (refer to Section 240.1130).
- b) The managing CCU shall retain primary responsibility for the client and maintenance of the client's original records.
- c) To implement the temporary transfer, the managing CCU, within five (5) work days from the date of request or notice of need to transfer, shall:

- 1) notify the temporary CCU of the impending transfer, the client's name, temporary address and telephone number, the anticipated length of stay and the type and amount of CCP service to be provided, and whether the client has an authorized representative;
- 2) obtain from the temporary CCU, and provide to the client/authorized representative, a list of authorized and appropriate vendors in the temporary CCU's service area;
- 3) obtain a completed Client's Vendor Selection form from the client/authorized representative;
- 4) complete a new Client Agreement - Plan of Care, obtain signatures and forward copies as appropriate;
- 5) provide the temporary CCU with a copy of the Case Documentation for Determination of Need;
- 6) prepare and forward a Case Action Notice;
- 7) authorize the temporary vendor to receive payment for CCP services provided, beginning on the effective service date;
- 8) provide the temporary vendor with information required for billing for CCP services provided to the client.

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- d) The temporary vendor shall advise the temporary CCU of any needed adjustments in the client's plan of care.
- e) The temporary CCU shall:
- 1) if advised by the temporary vendor, make a home visit to the client and identify possible needed changes;
 - 2) advise the managing CCU and the temporary vendor of any changes needed in the client's plan of care;
 - 3) monitor the provision of services to the client;
 - 4) advise the managing CCU of the date of the client's expected return to his/her permanent residence.
- f) The client/authorized representative shall advise the temporary CCU of the date of the client's expected return to his/her permanent residence no later than five (5) work days prior to the date of the client's return.
- g) Upon the client's return to his/her permanent residence, the managing CCU shall:
- 1) terminate the authorization of the temporary vendor to receive payment for CCP services provided to the client;
 - 2) reinstate authorization for the permanent vendor to receive payment for CCP services provided to the client;
 - 3) notify the permanent vendor of the reinstatement and the first day that services shall be provided to the client by the permanent vendor;
 - 4) prepare and forward a Case Action Notice.
- (Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)
- Section 240.1170 Caseload Transfer - Vendor to Vendor
- a) A caseload transfer shall occur when the serving vendor's contract for provision of Community Care Program (CCP) services has been terminated by either party to the contract.
- b) The Department shall notify the appropriate Case Coordination Unit (CCU) of the impending transfer and the effective termination date, and forward a copy of each notification to the respective

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- transferring and receiving vendors.
- c) The client/authorized representative shall complete the Client's Vendor Selection form and forward it to the CCU by the date specified in the Department notice (no later than 15 calendar days from the date of mailing by the Department).
- d) Within five (5) work days from the date specified by the Department in subsection (c), the CCU shall identify the receiving vendor for each client in the caseload, using the completed Client's Vendor Selection forms or the approved rotation plan, if a Client's Vendor Selection form has not been received.
- e) Upon adequate notification by the Department of the vendor's intent to terminate its contract, the CCU shall:
- 1) advise the receiving vendor verbally of the impending transfer of the client(s) and the date that service must be initiated for each client to prevent interruption of service;
 - 2) send written notification to the client(s)/authorized representative(s) giving the date of initiation of service by the receiving vendor;
 - 3) send a new Client Agreement - Plan of Care and Documentation for Determination of Need for each transferring client to the appropriate receiving vendor.
- f) The time frame specified in subsection (e) above does not apply when an emergency procurement action is required due to contract termination and to prevent interruption of client services.
- g) The client's/authorized representative's signature shall be obtained on the new Client Agreement - Plan of Care and copies distributed as appropriate.
- h) The transfer of a caseload must be completed no later than the effective termination date of the contract.
- (Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)
- Section 240.1180 Caseload Transfer - Case Coordination Unit to Case Coordination Unit
- a) A caseload transfer shall occur when the authorized Case Coordination Unit's (CCU's) contract for provision of Community Care Program (CCP) case management services has been terminated by

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either party to the contract.

b) The transferring CCU shall:

- 1) transfer each client's original case record file to the receiving CCU no later than the termination date of transferring CCU's contract;
- 2) the transferring CCU shall retain all records relating to requests for payment and receipt thereof and any documents peculiar to that agency.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART L: ADMINISTRATIVE SERVICE CONTRACT

Section 240.1210 Administrative Support Agencies Service Contract

The Department shall designate administrative support agencies to assist in the administration of the Community Care Program. The administrative support agencies shall carry out duties in connection with the Community Care Program pursuant to written administrative support agreements. The administrative support agencies shall meet the criteria delineated in the Code of Federal Regulations, specifically 45 CFR 1321-63, for the designation as an Area Agency on Aging. In the event that an Area Agency on Aging designated pursuant to such regulations shall prove unable or unwilling to perform the duties prescribed in the written administrative support agreement, the Department will designate a separate administrative support agency solely for the above purposes in the particular planning and service area.

The Department shall designate, through purchase of service contracts, individuals/agencies to carry out administrative duties in support of the Community Care Program. Specific responsibilities are delineated in the Administrative Service Contract.

SUBPART M: CASE COORDINATION UNITS AND VENDORS

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1310 Standard Contractual Requirements for CCU's Case Coordination Units and Vendors

- a) Case Coordination Units (CCUs) and Vendors may be units of state government, units of local government, private for-profit or not-for-profit corporations, private for-profit corporations, partnerships or individuals.

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- 1) An agency of state government must submit a certificate that the contracting agency has authority to provide the services to be purchased with a citation to such statutory authority.
- 2) A unit of local government must submit a copy of the resolution of or ordinance duly passed by the governing body of the unit of government authorizing the execution of the contract duly passed by the governing body of the unit of government. Such resolution or ordinance shall designate the individual authorized to execute said agreement in behalf of that unit of government.
- 3) Private not-for-profit corporations shall submit a duly certified copy of the resolution of the governing body authorizing the execution of the agreement. In addition, copies of their charter to conduct business in this state shall be submitted.
- 4) Not-for-profit corporations shall submit a current letter from the Attorney General of the State of Illinois that they are in full compliance with or exempt from the charitable trust laws of the State of Illinois.
- 35) A Partnerships or sole proprietorships doing business under an assumed name must submit a current certificate of compliance with "An Act AN ACT in relation to the use of an assumed name in the conduct or transaction of business in this State" (111. Rev. Stat.; 1983 1987, ch. 96, pars. 4 et seq.). All partners named on such certificate must be named in the response to the proposal and must individually sign any agreement rendered.
- 4) A corporation must submit:
 - A) a certificate or letter of Good Standing from the Secretary of State of Illinois certifying that the corporation has complied with the requirement to file an annual report and has paid required franchise taxes; and
 - B) a copy of the charter authorizing the corporation to conduct business in Illinois, and
 - C) if operating under an assumed name, a current certificate of compliance with "AN ACT in relation to the use of an assumed name in the conduct or transaction of business in this State" (111. Rev. Stat. 1987, ch. 96, pars. 4 et seq.).

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5) A not-for-profit corporation shall submit:

- A) a duly certified copy of the resolution of the governing body authorizing the execution of the agreement; and
- B) at the time of application for award of contract, a current letter from the Attorney General of the State of Illinois certifying that the corporation is in full compliance with or is exempt from the charitable trust laws of the State of Illinois. Thereafter, a vendor shall provide a letter, certified by the vendor's Board of Directors, to the Department upon request, stating that the vendor remains in compliance or is exempt.

6) A Nongovernmental agency must submit the information required in Illinois Revised Statutes, 1983 Section 6-1 of the Illinois Purchasing Act (Ill. Rev. Stat. 1987, ch. 127, par. 132.6-1) regarding disclosure of beneficial interest.7) A Nongovernmental agency shall certify that:

- A) officer CCU/vendor or any of its officers, agents or employees have not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois nor made an admission of guilt of such conduct which is matter of record; and
- B) CCU/vendor is not in arrears or not in default to the State of Illinois upon any debt or contract, and that it is not in default as to the surety, or otherwise, upon any obligation to the State of Illinois, and that it has not failed to perform faithfully any previous contract with the State of Illinois.

8) A nongovernmental provider agency shall certify that it is not in arrears or not in default to the State of Illinois upon any debt or contract; and that it is not in default as to the surety, or otherwise, upon any obligation to the State of Illinois, and that it has not failed to perform faithfully any previous contract with the State of Illinois:

- b) Vendors shall recognize mandatory standards and policies related to the State energy conservation plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-165):
- b) CCUs and vendors shall certify that their respective agency acknowledges and complies with the Illinois Human Rights Act, as

amended, (Ill. Rev. Stat. 1987, ch. 68, pars. 1-101 et seq.); the Equal Employment Opportunity Act of 1974, as amended, (Title VII of the U. S. Civil Rights Act of 1964, as amended, (42 U.S.C. 2000e et seq. (1982))); the Civil Rights Act of 1964, as amended, (42 U.S.C. 2000d et seq. (1982)); Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 790 et seq. (1982)); and the Immigration Reform and Control Act of 1986 (Public Law 99-603, 100 Stat. 3359 (1986)).

- c) CCUs and vendors shall certify to the Department that their respective agencies are fiscally sound, as defined in Section 240.160, or demonstrate the ability to obtain financial resources as required during the performance of their contracts.
- d) Assignment by a CCU or vendor of a contract(s) awarded between the CCU or vendor and the Department to any other organization(s) or entity(ies) shall result in the immediate termination of the CCU or vendor contractual agreement.
- e) Failure by CCUs or vendors to notify and seek written Department approval prior to entering into subcontracts with other entities for the provision of Community Care Program (CCP) services shall result in the immediate termination of the CCU or vendor contractual agreement.
- f) The Department shall be immediately notified in the event of a merger/consolidation/sale of assets of a CCU or vendor by the CCU or vendor and provided with copies of all relevant supporting documents.
- 1) Following review of the merger/consolidation/sale of assets documents by General Counsel, the Department will determine whether or not the merger/consolidation/sale of assets has resulted in an assignment of the contract (refer to subsection (d) above).
- 2) If the merger/consolidation/sale of assets has not resulted in an assignment, the Department retains the right to terminate the contract if performance of the contract by the new corporate structure is not in the best interests of the CCP, such as a merger or consolidation with an entity which has a poor service history score or which has been subject to previous contract action by the Department or some other state or federal agency.
- 3) Failure to notify the Department shall result in termination of the CCU or vendor contract.

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(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1320 Vendor or CCU Case Coordination Unit Fraud/Illegal or Criminal Acts

Any entity involved in the administration of the Community Care Program or the provision of Community Care services shall immediately report to the Department on Aging any evidence which indicates that a vendor or CCU is committing or has committed an improper or unlawful act for the purpose of or the intent to obtain payment for goods, care, services or supplies. Departmental staff designated by the Director shall make an immediate investigation of all reports of improper or unlawful acts on the part of vendors or CCUs. When the results of such investigations produce evidence which indicates vendor or CCU improprieties or unlawful activities, the Department shall immediately make a report to the proper law enforcement officer(s).

a) Any entity involved in the administration of the Community Care Program (CCP) or in the provision of CCP services, upon receipt of any report of or evidence of an improper or unlawful act having been committed by their employee(s), for the purpose of illegally obtaining money or extorting payment for care, goods, services or supplies, shall immediately:

- 1) inform the appropriate law enforcement authorities, and
 - 2) report to the Department, including any documentation which may have been obtained, regarding any alleged theft or missing items having value over \$50.00 or such unlawful activities which result in a police report.
 - 3) Failure of a CCU or vendor to make a report to the appropriate law enforcement authorities and to the Department shall result in contract action as delineated in Section 240.1665 for vendors and Subpart N for CCUs.
- b) Department staff, designated by the Director, shall make an immediate investigation of the alleged improper or unlawful act(s). When the result of the Department's investigation(s) produces evidence which indicates CCU/vendor improprieties or unlawful activities, the Department shall make an immediate report to the appropriate law enforcement authorities.

c) Any entity or individual provider involved in the administration/provision of CCP services shall not bill the Department for more services than were provided to or on behalf of CCP applicants/clients.

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- 1) Anyone in receipt of information that the Department has been improperly billed for services shall report the incident to the Department and provide the Department with any report/documentation which may have been obtained.
- 2) Department staff, designated by the Director, shall complete an immediate review of the report.
- 3) If the Department determines that the allegations in the report are factual, based upon the above-cited review, the Department will advise the CCU or vendor in writing regarding what action shall be taken (e.g., no action, if in the best interests of the client; suspension; termination). (Refer to Sections 240.1399 and 240.1665 for vendors and Subpart N for CCUs.)
- d) Any entity or individual involved in the provision of CCP services shall cooperate with and provide assistance to the Department/law enforcement authorities in any investigation of any alleged illegal or criminal act. (Refer to Section 240.1665 for vendors and Subpart N for CCUs.)

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1330 General Vendor and CCU Responsibilities (Repealed)

- a) Community Care services, including CCU services, shall be purchased only from providers determined capable and competent by the Department to provide such services.
- b) All providers of Community Care services shall meet all standards promulgated by the Department relating to the services provided. Such standards shall address the cost of services to be provided, the provider's ability to perform, the provider's history of service provision, and the best interests of the State and the Community Care Program. All CCU's and vendors must adhere to the equal employment opportunity requirements of Section 2-11 and the agreement executed between the CCU/vendor and the Department.
- c) CCUs and/or Vendors unable to provide determinations of eligibility to all individuals making application to them for Community Care services may subcontract for the provision of determinations of eligibility to those applicants:
 - 1) In order to subcontract, the CCU or vendor shall submit a written request to the Division of Long-Term Care within the Department which provides the following:

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- A) Name, address and telephone number of the agency to be awarded the subcontract.
- B) The nature and extent of the subcontract, including all costs of the subcontract, the number of applicants to have determinations of eligibility completed by the subcontractor and the geographic area to be served by the subcontractor.
- C) Assurance to the Department of the subcontractor's qualifications to perform determinations of eligibility and that the subcontractor will participate in the Department-provided training relative to the determination of eligibility process and proper use of the CCP Determination of Need. (Refer to Section 240.425.)
- 2) The CCU or vendor under primary contract to the Department shall assume full responsibility for the accuracy of any determinations of eligibility for the Community Care Program performed by the subcontractor. (Refer to Sections 240.980 and 240.990.)
- d) The vendor shall address any request by a client and respond in writing to the client within fifteen (15) days from the date of the request.
- e) The vendor shall be responsible for the collection of fees assessed the client in accordance with Section 240.370.

(Source: Repealed at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1396 Payment for Services (Repealed)

- a) In the event that Community Care services are not provided to an eligible applicant within the time limit specified in Section 240.615, the eligible applicant may arrange to receive the amount and type of Community Care services for which he/she has been determined eligible from a vendor of the eligible applicant's choice fifteen (15) days after receipt of the notice of eligibility.
- b) The Department shall make payment for such services at the rate which would have been paid an individual worker if an individual is selected by the client or at the rate which the Department would have paid to an approved vendor had services been promptly provided by the approved vendor if a home care agency is selected by the client.

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- c) Payment shall continue until such time as the Department's approved vendor initiates provision of Community Care services to the eligible applicant.
- d) Payment for services rendered by a vendor of the eligible applicant's choice shall be made by the Department following submittal by the vendor and processing by the Department of billing forms provided to the vendor by the Department.
- e) Payment shall be authorized in compliance with "An Act to require Prompt Payment by the State of Illinois for goods or services (Ill. Rev. Stat. 1981, ch. 127, pars. 132-401 thru 132-404):
- f) The Department shall be liable for its share of the cost of Community Care services, as determined in accordance with Sections 240.530 et seq. and 240.930, which have been provided the eligible applicant in accordance with this Section.

(Source: Repealed at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1397 Purchases and Contracts (Repealed)

- a) All services provided to eligible individuals shall be provided in accordance with provisions of agreements entered into between the vendor and the Department. The Department shall operate under procurement practices and procedures as set forth in the Illinois Purchasing Act (Ill. Rev. Stat. 1983, ch. 127, par. 132-1 et seq.); the standard procurement rules of the Department of Central Management Services (44 Ill. Adm. Code 1) and the provisions of 45 CFR 74, Subpart P (1984).
- b) In order to provide open and free competition to the maximum extent possible, procurements of Community Care services shall be made pursuant to the following procurement system:
- 1) The request for proposal shall be published in the manner prescribed in the Illinois Purchasing Act (Ill. Rev. Stat. 1983, ch. 127, par. 132-4).
 - 2) The request for proposal shall incorporate a clear and accurate description of the technical requirements of the service to be provided and shall identify all significant evaluation factors; to include cost in relation to quality of service delivery.
 - 3) The request for proposal shall state the criteria used by the Department for evaluation of the proposal.

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- 4) Based upon the aforementioned evaluations, award(s) shall be made to responsible offeror(s) whose proposal(s) is/are determined to best meet the intent of the program. Unsuccessful offerors shall be notified as specified in the request for proposal.
- 5) If, after solicitation, competition is determined inadequate, the service is available from only one source, no vendor exists for a specific area, or the public exigency will not permit a delay incident to competitive solicitations, procurement of services may be obtained by noncompetitive negotiations.

- 6) Vendors shall be reimbursed for services provided in accordance with the Vendor's Purchase of Service Agreement with the Department.

(Source: Repealed at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1398 Safeguarding Case Information (Repealed)

Case information concerning applicant/client is confidential and is to be used only for purposes directly connected with administration of the Community Care Program.

(Source: Repealed at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1399 Suspension/Termination of a Vendor or Case Coordination Unit (CCU)

In the event conditions warrant suspension or termination of a Purchase-of-Service Agreement Contract, in whole or in part, such suspension or termination shall be in accord with provisions in the Purchase of Service Agreement Contract.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART 0: VENDORS

Section 240.1510 Vendor Administrative Minimum Standards

The vendor shall have and observe written policies approved by the governing authority and available for review by the Department/ and/or its Department designees. Such policies shall minimally cover:

- a) Non-discrimination as required by Sections 240.210 and 240.930.

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- a) Confidentiality as required by Sections 240.230 340 and 240.970.
- b) The type and amount of service provided shall be provided in accordance with the Case Documentation for the Determination of Need and the Client Agreement - Plan of Care as developed and designated by the Case Coordination Unit (CCU). When more than one type of service is offered, there shall be a clear distinction of each type provided.
- c) Money management and budgeting related to necessary shopping/errand activities, including receipt procedures and monitoring.
- d) When more than one type of service is offered, there shall be a clear distinction of each type provided.
- e) Personnel policies, job descriptions, and wage scale for each job category. Personnel policies shall include hours of work, benefits, and promotion and evaluation criteria.
- 1) There shall be a written job description for each job category for all paid and volunteer staff positions which are part of the service. A copy of a particular employee's specific job description shall be provided to the employee.
 - 2) Each employee shall receive a copy of current written personnel policies for their specific job category at the time of employment and any subsequent revisions.
 - 3) Each employee shall be informed of the wage scale for the specific job category at the time of employment and any subsequent revisions.
 - 4) Employee benefits and grievance procedures shall be clearly stated in writing and shall comply with both State and Federal regulations.
 - 5) Personnel records shall be maintained for each employee and shall include at least the following:
 - A) employee application;
 - B) annual performance evaluation;
 - C) documentation of participation in orientation initial training, in-service and other pertinent training (orientation in agency policies shall be in addition to Department training required by Sections 240.1530.

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240.1545 and 240.1555);

D) documentation of liability insurance if staff transports clients in a privately owned automobile and/or agency vehicles; Documentation of supervisory home and on-site visits and office conferences and evaluations should be filed in the employee's personnel file. Any employee problems which are related to client service should also be documented on the client's Case Record Recording Sheet.

E) All vendor staff having face-to-face contact with clients shall provide to the vendor, record written confirmation of a physical examination, and tuberculosis test including a tuberculosis test result, performed by an appropriately licensed professional within six (6) months prior to assignment on the job. Such confirmation shall either certify that the employee is in good health or that any illness or physical disability detected shall not present a risk to the client or prevent the employee from meeting the activities of the Client Agreement - Plan of Care. Any staff not having this written confirmation shall not provide services to Community Care Program (CCP) clients.

i) Such certification shall be retained by the vendor in the personnel file of the employee.

ii) Recertification shall be required if a worker contracts a communicable disease following the initial certification.

F) reports of supervisory home and on-site visits and office conferences should be filed in either the client case record or the employee's personnel file, as appropriate.

fe) Administrative and client records as required by the Department to substantiate services provided and vendor requests for payment: all Department required documentation to support units of service requested for reimbursement on the Vendor Request for Payment form, Client Agreement - Plan of Care, and Case Documentation for the Determination of Need shall be retained for a minimum of five (5) years from the termination date of the vendor's contract with the Department.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

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Section 240.1520 Vendor Responsibilities

In addition to the general responsibilities stated in Sections 240.930 and 240.940, vendor responsibilities include, but are not limited to:

a) To initiate or change provision of services in accordance with the most recent written instructions from a CCU. The instructions will be given to the vendor by means of a Client Agreement, Form IL 402-0341.

b) To reply in writing within fifteen (15) days as to any request by a client regarding provision of service to the client.

a) Community Care Program (CCP) services shall be purchased only from vendors determined capable and competent by the Department to provide such services, as described in Section 240.1635.

b) In-home care vendors shall carry public liability insurance in the single limit minimum amount of \$100,000 per occurrence. (The policies or current letters documenting all insurance coverage shall be available in the vendor's file.)

c) In-home care vendors shall also carry the following insurance coverages:

1) volunteer protection equivalent to employees' coverage (especially coverage for volunteer drivers/escorts);

2) general liability;

3) vehicle comprehensive and collision, public liability and property damage, and medical coverage if staff transport clients in private automobiles or agency vehicles.

d) All vendors providing CCP services must comply with all applicable local, state and federal laws, rules and regulations.

e) A vendor shall not change the provision of service without receipt of written instruction by the Case Coordination Unit (CCU) on approved Department CCP forms, except in cases of emergency, client refusal of service, or client failure to be home to receive service. Any temporary change or any temporary deviation from the plan of care must be documented by the vendor on the client's Case Record Recording Sheet.

f) It shall be the responsibility of the vendor to advise the CCU of any change in the client's physical/mental/environmental needs

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which the vendor, through the direct service worker/supervisor, has observed, when such change would affect the client's eligibility or service level or would necessitate a change in the plan of care.

- g) All vendors shall reply to requests by a client, by telephone or in writing, within fifteen (15) calendar days from the date of the request. The request and the resolution thereof shall be documented on the client's Case Record Recording Sheet.

- he) The vendor shall be responsible for the collection from the client of fees assessed the incurred expense for care provided to the client in the following manner:

1) The vendor is responsible for billing the clients for whom they provide Community Care CCP services on a monthly basis, once per month in the month following the provision of service, and in the manner prescribed by the Department. Such billings shall be based, for each client, upon the units of service provided and the proportionate share of the cost of service for each client and the fixed fee share rate for the client's incurred expense for care.

- 2) Vendors shall not require clients to pay a greater share of the cost of services prescribed in the plan of care than required by the calculation provided to the vendor by the CCU Client Agreement - Plan of Care.

- 3) For clients who are required, because of income, to pay for 100 percent of their services, charges for CCP services shall not be more than the cost for care based upon the units of service multiplied by the fixed fee share rate. (See Section 240.870(a)(1)).

- 43) If a client requests additional service from the vendor other than that allowed by instructions given to the vendor by the CCU on the Client Agreement - Plan of Care, the client must pay 100 percent of the cost for that of those additional units of service to the vendor.

- 54) Vendors must send a copy of an Appeal Notice of Appeal to Department on Aging form with the initial billing.

- d) The vendor shall advise the CCU of any intent to discontinue services to any client who fails to pay or refuses to pay their proportionate share of cost of services within thirty (30) days of the date of the vendor's bill to the client.

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- e) The vendor may request reimbursement from the Department not to exceed two (2) months' charges to the client, under the following conditions:

- 1) A bill was mailed to the client;
- 2) The vendor filed a notice of intent to discontinue services no less than thirty (30) days subsequent to billing;
- 3) The client failed to make payment prior to the effective date of the discontinuance notice;
- 4) The request for reimbursement is submitted to the Department no earlier than the effective date of service discontinuance; and;
- 5) The request for reimbursement is submitted in the manner and form prescribed by the Department.

- if) Payment to a vendor will be authorized in compliance with "AN ACT to require prompt payments by the State of Illinois for goods or services" (Ill. Rev. Stat. 1981 1987, ch. 127, pars. 132.401 thru 132.404 et seq.).

- ig) Vendors may accept partial or full payment from a third party for a client's proportionate share of cost of services received incurred expense. However, the liability for the proportionate share, if third party payment is not received, remains with the client as indicated by the cost sharing expense for care agreement executed by the client and included as an integral part of the Client Agreement - Plan of Care.

- kh) Vendors have the option of not billing a client for the proportionate share of cost of incurred expense for care if they have resources identified to make payment of the fee incurred expense for care on behalf of the client.

- li) Vendors shall respond in writing to the client on any question of, verbal or in writing, regarding the validity of a billing within two (2) working days following from the date of receipt of such a question. If the question is not resolved to the satisfaction of the client, the vendor shall advise the client of his/her right to appeal the question, and the vendor shall assist the client in filing an appeal if requested or needed. The vendor shall also advise the client that non-payment may result in loss of discontinuance of Community Care CCP services. Vendors may not discontinue services until authorized to do so by the CCU. (Refer

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to Section 240.935).

m) Vendors shall submit a Vendor Request for Payment form which shall be received by the Department no later than the fifteenth day of the month following the month in which services were provided. The form shall state the number of units of service provided to each identified client during the service month. Reimbursement to the vendor by the Department will be adjusted by calculating and deducting the client's share of the cost of service incurred expense for care based upon the fixed fee share rate.

n) Vendors may shall bill the Department for service rendered to clients in increments of full or one-half (1/2) units only. Adult day care vendors shall bill for not less than one nor more than two units of agency provided transportation to/from the adult day care site per client for each 24-hour period in which adult day care service is provided to each client (refer to Section 240.1950).

o) The vendor shall advise the CCU of any failure by a client to pay a monthly bill rendered by the vendor for services provided to the client for more than thirty (30) calendar days from the date of the initial monthly billing therefor. The vendor may request the CCU to discontinue service to the client in default as stated above. (Refer to Sections 240.875 and 240.935).

p) If permission is granted for discontinuance of service, the vendor may request reimbursement from the Department, in accordance with Section 240.935, for the client's incurred expense not to exceed 120 calendar days.

q) If a client fails to pay the client's incurred expense for care, the vendor should advise the CCU after thirty (30) calendar days have elapsed and request reimbursement (see Section 240.935). If the client makes payment to the vendor for incurred monthly expense which has already been reimbursed to the vendor by the Department, the vendor shall reimburse the Department within thirty (30) calendar days from the date of receipt of payment from the client.

r) Vendors shall provide the Department with an annual audit to be completed in accordance with Generally Accepted Accounting Principles (GAAP) adopted by the Financial Accounting Standards Board (High Ridge Park, Stamford, Connecticut; June 1, 1987), which are hereby incorporated by reference. (This incorporation includes no later amendments or editions).

1) The audit shall be filed at the offices of the Illinois Department on Aging, 421 East Capitol Avenue, Springfield.

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Illinois 62701, within six (6) months from the date of the close of the vendor's business fiscal year or the calendar year.

2) Chore-housekeeping and homemaker vendors shall be responsible for adhering to financial reporting requirements as outlined in Section 240.2020, Financial Reporting of Chore-housekeeping and Homemaker Service.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1530 General Homemaker Staffing Requirements

Each homemaker vendor shall have specified staff to carry out the following functions:

- a) There shall be a designated individual who has responsibility for administration of the Community Care Program (CCP) homemaker program.
- b) There shall be qualified homemaker staff to meet the needs of all cases accepted referred for the provision of homemaker services. In determining what services are sufficient, the Department will look to whether homemaker services are adequate. Inadequate homemaker services would be those services are characterized by delays or interruptions in the provision thereof and gaps in services to clients of homemaker services or by failure to provide homemaker services as required by the plan of care.
- c) The homemaker vendor agency shall assign responsibilities to staff which include, but are not limited to, the following:

- 1) Planning and administration of the homemaker program; assuring adequate staff to provide required services at all times; serving as liaison between the staff and the community; implementing policies according to regulations promulgated by the Department which govern the program; recommending policy and program changes to the governing authority Department; and recruiting, training and supervising staff.
- 2) Supervision of workers which is to be accomplished by trained qualified staff who have responsibility to see ensure that the workers are scheduled and that assignments are kept. For homemaker service, the vendor shall maintain a minimum of one (1) full-time supervisor for every twenty (20) full-time equivalent homemakers.

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The vendor shall maintain a minimum of one (1) full-time supervisor for every twenty (20) full-time equivalent (FTE) homemakers.

in physical and emotional health, and/or the environment have been reported as required by Sections 240-420 and 240-710.

- d) Homemaker vendors shall not sub-contract for management, supervisory or homemaker staff personnel.

- I) making home visits, as necessary, to provide hands-on training and assistance.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1535 Homemaker Supervisor and Staff Activities and Positions, Qualifications and Responsibilities

- 2) Qualifications for a homemaker supervisor shall include:

a) Homemaker Supervisor

- 1) Activities of a homemaker supervisor shall include:

- A) preparing case notes documenting in the client's Case Record Recording Sheet;

- B) responsibility for preparing or reviewing reports and service calendars;

- C) coordinating the homemaker's activities with other component of the care plan as required by Sections 240-420 and 240-710;

- D) monitoring the service components of receipt procedures in the conduct of essential shopping and errands as stated in the plan of care;

- E) providing input to the case manager on the services that are needed for each client as a result of conferences with the homemaker or on-site home visits;

- F) planning, preparing, and documenting weekly verbal contact and quarterly face-to-face supervision worker conferences with each assigned homemaker;

- G) annual evaluation of each assigned homemaker;

- H) coordinating the homemakers' activities with other components of the plan of care as required;

- I) making and documenting semi-annual in-home supervisory visits for each assigned homemaker;

- J) making home visits as necessary to clients where changes

b) Homemaker Staff

- 1) Activities of homemaker staff include, but are not limited to, the following:

- A) following a client's written plan of care;

- B) carrying out duties as assigned by the supervisor;

- C) observing the client's functioning and reporting to the appropriate professional homemaker supervisor as required;

- D) providing necessary receipts and documentation in the conduct of essential shopping/errands;

- E) maintaining records of daily activities, observations, progress toward goals, and direct hours of service as recorded on the Hours of Service calendar or approved facsimile;

- F) participating in attending initial training, in-service training sessions and staff conferences.

- 2) Qualifications of a homemaker shall include:

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- A) a record of a physical examination within six (6) months prior to assignment on the job, with recertification if worker has contracted a communicable disease after the initial physical examination;
- AB) a high school diploma or general education diploma; or one (1) year of documented prior supervised homemaker related work experience consistent with 89 Ill. Adm. Code 240-131 [including but not limited to chore/housekeeping (see 89 Ill. Adm. Code 240-132); nurses aide; home health aide or private pay home services]; or demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher);
- B) one (1) year of documented prior supervised homemaker/chore-housekeeping direct service work experience in the CCP or in a comparable human service program; or
- C) demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher; and
- DE) have a basic knowledge of home management skills;
- ED) in addition:
- i) the agency new employees shall provide receive at least fifteen (15) hours of initial face-to-face training, excluding agency orientation, to each homemaker within the first week of employment; and prior to assignment to provide services to a CCP client without a supervisor or trainer present (not to exceed a six (6) month period from said training to first assignment);
 - ii) initial training may be exempt if a worker has had previous documented and supervised training within the past two (2) years prior to this employment, equivalent to fifteen (15) hours; and
 - iii) thereafter, a minimum of three (3) three (3) hours

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per calendar quarter quarter of face-to-face in-service training shall be mandatory of for all workers. Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection (ii) above.

- iii) Initial training may be exempt if a worker has had previous documented supervised training equivalent to fifteen (15) hours:

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1540 General Chore-Housekeeping Staffing Requirements

Each chore-housekeeping vendor shall have specified staff to carry out the following functions:

- a) There shall be designated individual who has responsibility for administration of the Community Care Program (CCP) chore-housekeeping program.
- b) There shall be qualified chore-housekeeping staff to meet the needs of all cases accepted referred for the provision of chore-housekeeping services. In determining what services are sufficient, the Department will look to whether chore-housekeeping services are adequate. Inadequate chore-housekeeping services would be those services are characterized by delays or interruptions in the provision thereof and gaps in of chore-housekeeping services to clients or by failure to provide chore-housekeeping services as required by the plan of care.
- c) The chore-housekeeping vendor agency shall assign responsibilities to staff which include, but are not limited to, the following:
 - 1) Planning and administration of the chore-housekeeping program; assuring adequate staff to provide required services; serving as liaison between staff and the community; implementing policies according to regulations promulgated by the Department which govern the program; recommending policy and program changes to the governing authority; and recruiting, training and supervising staff.
 - 2) Supervision of workers which is to be accomplished by trained qualified staff who have responsibility to see ensure that the workers are scheduled and that assignments are kept.

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For chore/housekeeping service, the vendor shall maintain a minimum of one (1) full-time equivalent (FTE) supervisory employee for every thirty (30) full-time equivalent (FTE) chore/housekeepers.

- d) Chore-housekeeping vendors shall not sub-contract for management, supervisory or chore-housekeeping staff personnel.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1545 Chore- and Housekeeping Supervisor and Staff Activities and Positions, Qualifications and Responsibilities

- a) Chore-housekeeping Supervisor

- 1) Activities of a chore- and housekeeping supervisor shall include:

- A) preparing case notes documenting in the client's Case Record Recording Sheet;
- B) responsibility for preparing or reviewing reports and service calendars;
- C) monitoring the service components of receipt procedures in the conduct of essential shopping and errands as stated in the plan of care;
- D) providing input to the case manager on the quality, quantity and direction of services that is are needed for each client through as a result of conferences with the chore-housekeepers or on-site home visits;
- E) planning, and preparing for and documenting weekly verbal contact and quarterly face-to-face worker conferences with each assigned chore-housekeeper;
- F) annual evaluation of each assigned chore-housekeeper;
- G) coordinating the chore-housekeepers' activities with other components of the plan of care as required;
- H) making supervisory and documenting semi-annual in-home supervisory visits at least semi-annually for each assigned employee chore-housekeeper;
- I) making home visits, as necessary, to provide hands-on

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training and assistance.

- 2) Qualifications for a chore- and housekeeping supervisor shall include:

- A) a high school diploma or general education diploma; and or
 - B) at least one (1) years of formal training in a related field and two years of health documented prior supervised homemaker/chore-housekeeping direct service work experience to include one year of supervisory experience in the Community Care Program (CCP) or in a comparable human service program.
- b) Chore-housekeeping Staff
- 1) Activities of chore- and housekeeping staff shall include:
- A) following a client's written plan of care;
 - B) carrying out duties as assigned by the supervisor;
 - C) keeping maintaining daily records of daily activities, observations, and direct hours of service as recorded on the Hours of Service Calendar or approved Facsimile;
 - D) observing the client's functioning and reporting on each case served to the chore-housekeeping supervisor as required;
 - E) providing necessary receipts and documentation in the conduct of essential shopping/errands; and
 - EE) attending initial training, in-service training sessions and staff conferences.

- 2) Qualifications of a chore/-housekeeper shall include:

- A) demonstrated housekeeping skills;
- B) exhibition of a positive attitude towards the elderly or impaired;
- C) the ability to communicate effectively;
- D) the ability to follow oral/ and/or written directions;

E) a record of a physical examination within six (6) months prior to assignment on the job with recertification if worker has contracted a communicable disease after the initial physical examination; the ability to be responsible for and account for the client's money in order to provide the necessary shopping/errand component; and

F) in addition:

i) new employees shall have receive twelve (12) hours of initial face-to-face training, excluding agency orientation, within the first week of employment prior to assignment to provide services to a CCP client without a supervisor or trainer present (not to exceed a six (6) month period from training to first assignment);

ii) a minimum of three (3) hours per calendar quarter of in-service training shall be mandatory for all employees;

iii) initial training may be exempt if the worker has had previous documented and supervised training within the past two (2) years prior to this employment, equivalent to twelve (12) hours; and

iiii) thereafter, a minimum of three (3) hours per calendar quarter of face-to-face in-service training shall be mandatory for all workers. Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection (ii) above.

iv) when chore/-housekeepers are required to perform non-medical personal care functions, they must receive the appropriate training and supervision from qualified professionals as required by subsection 240-132(a)(4);

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1550 Standard Requirements for Adult Day Care Vendors

a) An adult day care vendor shall carry public liability insurance in the single limit minimum amount of \$100,000 per occurrence. (The policies, certificates of insurance or a current letters verifying documenting all insurance coverages shall be available at the adult day care site.)

b) Each vendor shall include also carry the following insurance coverages:

- 1) facility insurance;
- 2) insurance on program drivers;
- 3) workmen's compensation;
- 4) unemployment;
- 5) professional liability;
- 6) personal liability;
- 7) bonding;
- 8) general liability;
- 9) property and theft coverage;

10) vehicle insurance comprehensive and collision, public liability and property damage, medical coverage;

11) volunteer protection (especially coverage for volunteer driver/escort(s) equivalent to employees).

c) An adult day care vendor shall have on file and utilize written procedures to:

- 1) Store and lock medications.
- 2) Label medications brought to the adult day care center.
- 3) Ensure that:

A) prescribed medication is administered by a licensed professionals licensed professionals to those adult day care clients who are determined unable to self-administer medications;

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- B) Judgment of a client's inability to self-administer medications will shall be documented by a physician's orders/ and/or the Case Coordination Unit (CCU) care plan of care;
- 4) C) Record administration of all medications (prescription and non-prescription) are recorded in the client's case record; and
- 5) D) Ensure that physician orders for medication are utilized and filed in the client's case record.
- de) A facility which houses an Adult Day Care Program (including satellite sites) shall meet the following criteria:
- 1) A separate identifiable area must be designated for sole use by the adult day care program, and a schedule established and posted for usage of any common program areas shared with other programs.
 - 2) There shall be a minimum of 40 square feet of activity area per client. (Multiple-use areas must be pro-rated on both time and client basis.) This space The activity area in the square feet per client requirement is exclusive of exit passages and fire escapes, administrative space, storage areas, bathrooms, kitchen, space required for equipment and gymnasiums or other areas when used exclusively for active sports. An adult day care site cannot exceed the daily census maximum space requirement.
 - 3) All adult day care vendors shall comply with the applicable provisions of the following codes and standards as documented through required inspections by appropriate officials. Any incorporation by reference in this Section of these rules or regulations of any agency of the United States or of any standard of a nationally recognized organization or association includes no new amendments or editions made after the date specified.

A) State of Illinois Codes and Standards

- | | |
|--|--|
| Code or Standards | Agency |
| i) Ill. Plumbing Code (1983) (77 Ill. Adm. Code 890) | Department of Public Health, Environmental Health Protection |

B) Other Codes and References

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- ii) Accessibility Standards Illustrated (1983) (71 Ill. Adm. Code 400) as adopted pursuant to enactment of the Environmental Barriers Act (1985)
- NOTE: It shall be incumbent upon the vendor to assure that their facility meets all applicable requirements as promulgated by the Capital Development Board. (No written documentation thereof shall be required.)
- iii) Fire Prevention and Safety (1983) (41 Ill. Adm. Code 100)
- iv) Illinois Vehicle Code, as amended (1986)
- iv) Food Service Sanitation (1983) (77 Ill. Adm. Code 750)
- vi) Illinois Human Rights Act (Ill. Rev. Stat. 1983 1987, ch. 68, par. 1-101 et seq.)
- or their authorized local designee
- Capital Development Board
- Office of State Fire Marshal
- Secretary of State of Illinois
- Department of Public Health, Environmental Health Protection or their authorized local designee
- Department of Human Rights

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- 1) National Fire Protection Association and (NFPA 101 Life Safety Code, 1981 1985 edition: Chapter 10, Section 7 and Chapter 11, Section 7) National Fire Protection Association and Office of State Fire Marshal shall inspect
- ii) American Dietetic Association registration requirements contained in "Your Future as a Dietitian" (page 147; plan IV) (1975) Recommended Dietary Allowances of Sciences (1980) National Academy of Sciences
- c) In addition to compliance with the standards set forth herein, all applicable local and state building, fire, health and safety codes, ordinances and regulations which are enforced by city, county or other local jurisdictions in which the facility is, or will be, located must be observed as and documented through required inspections by appropriate officials. Adult Day Care vendors shall provide a copy of all applicable local health codes, ordinances, or regulations, in which the day care facility is or will be located, to the Department.
- 4) Each facility shall have posted an emergency plan for evacuation and shall conduct quarterly fire drills which shall simulate client removal from the building in accordance with subsection (d)(3)(A)(iii). Clients shall actually be removed from the building for at least one fire drill annually. Documentation of the dates of the fire drills must be on file at the facility.
- 5) The heating system must be adequate to maintain a Each facility shall maintain room temperatures in the facility of minimum of not less than 70 degrees Fahrenheit in the winter and a maximum of not more than 85 degrees Fahrenheit in summer months by utilizing heating system/air conditioning/ and/or

- circulating fans.
- 6) Each facility shall designate a dining area (equipped with a sufficient number of chairs and table space) to accommodate the daily number of clients.
- 7) Each facility shall have at least: one (1) handicapped-accessible bathroom facility for up to twelve (12) clients and a minimum of two (2) bathroom facilities (one handicapped accessible) to serve thirteen (13) or more clients.
- 8) Each facility shall have space for offices, equipment and storage of supplies.
- 9) Hot water temperatures shall be controlled to not exceed 110 119 degrees but not less than 99 degrees Fahrenheit in the bathroom facilities to prevent scalding.
- 10) Clients shall not be allowed in the kitchen if water temperatures are not controlled as required in subsection (d)(9) above or other areas where supplies/medications are stored unless supervised, or when a microwave oven is in use.
- 11 10) Each facility shall have at least one quiet place equipped with a reclining chair, cot or bed where a client may rest.
- 12 11) Exit areas shall be clear of equipment and debris at all times.
- 13 12) At least one telephone, which is not a pay or locked telephone, shall be immediately available within case of an emergency the client activity area. A list of emergency numbers shall be posted by the telephone.
- 14 13) Supplies and equipment for emergency first aid shall be available on located in the premises client activity area.
- ed) An adult day care vendor (including each satellite site) shall meet the following criteria relative to meals provided to clients (prepared on-site or contractual):

- 1) The adult day care vendor shall provide to each clients one meal at mid-day meeting at least one-third (1/3) of the adult "Recommended Dietary Allowances" established by the Food and Nutrition Board of the National Research Council - National Academy of Sciences (9th Revised Edition, 1980). and supplementary nutritious snacks containing at least one-third

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of the Adult Dietary Allowance as established in the "Food and Nutrition Board of the National Academy of Science-National Research Council", 9th edition, (1980); (except as specifically excluded in a shall also be provided. The adult day care vendor shall provide special diets plan received from a as directed by the client's physician).

2) Adult day care nutrition providers must vendors (whether meals are prepared on-site or contractually) shall:

- A) Have menus approved and so documented by an American Dietetic Association (ADA) the registered dietitian/nutritionist.
- B) Post menus in advance in a visible location visible to the client(s) within the day care center.
- C) Assure that menus are planned for a minimum of four weeks on a menu form.
- D) Develop methods and follow written procedures to control portion sizes per section and to meet the one-third (1/3) daily recommended dietary allowances. (See subsection (d)(3)(B)(ii) above).
- E) One employee at each day care site handling/preparing foods shall be certified in Food Service Sanitation by the Illinois Department of Public Health.

3) Adult day care vendors contracting for meals prepared by a catered operation shall:

- A) Assure that a dietitian/nutritionist has inspected the caterer's location and receives documentation that the caterer's operation complies with all local health, sanitary and safety regulations.

FB) Have on file, and available for review, and follow written procedures for receiving and storing food on file and available for review that which must include:

- i) verification of food quantities;
- ii) checking and documentation of food temperatures at time of delivery and serving;
- iii) equipment to be utilized;

iv) steps procedures to follow for foods that arrive above or below temperature, deteriorated food and food shortages.

GC) Assure Ensure that catered meals are transported in equipment that maintains temperatures of hot food at 165 140 degrees Fahrenheit or above and cold foods at 45 degrees Fahrenheit, or below. Foods shall be maintained and served at the above temperatures at the adult day care site.

H) All foods prepared on-site shall be maintained and served at 140 degrees Fahrenheit or above for hot foods and 45 degrees Fahrenheit or below for cold foods

I) Potentially hazardous foods (i.e., food that consists in whole or in part of milk, milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms) intended to be served cold shall be transported/maintained at a temperature of 45 degrees Fahrenheit or below.

J) If food is prepared by a caterer, assure that the registered dietitian has inspected the caterer's location and receives documentation that the caterer's operation complies with all health, sanitary and safety regulations.

K) The adult day care vendor shall keep a copy of the current caterer's inspection certificates/letters on file.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1555 Staffing of General Adult Day Care Service Component Staffing Requirements

a) Each adult day care vendor shall have adequate personnel in number and skill (a minimum of two staff persons); one a qualified supervisor; shall be at the adult day care site at all times) to provide for:

- 1) continuity of direction and supervision;
- 2) nursing and personal care services and dispensing medications

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- if appropriate;
- 3) nutritional services;
 - 4) planned therapeutic/recreational activities;
 - 5) obtaining prompt services of emergency personnel and hospitalization, if needed;
 - 6) immediately notifying a family member or guardian, or other responsible individual the client's authorized representative or family member of any illness, accident or injury to the participant;
 - 7) provision/arrangement of transportation services to and from the adult day care site; and
 - 8) adequate record keeping.
- b) There shall be qualified adult day care staff to meet the needs of all cases referred for the provision of adult day care services. In determining what services are sufficient, the Department will look to whether adult day care services are adequate. Inadequate adult day care services would be those services characterized by delays or interruptions in adult day care service or by failure to provide adult day care service as required by the Client Agreement - Plan of Care. An adult day care site cannot exceed the daily census maximum space requirement.
- cb) The minimum ratio of full-time staff (qualified day care staff, trained volunteers or substitutes) or full-time equivalent (FTE) staff to clients, when clients are in attendance, shall be:

- 1) Ratio of full-time or FTE staff to clients:

Staff	Clients
2	01 to 12
3	13 to 20
4	21 to 28
5	29 to 35
6	36 to 45

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- 2) Add one (1) additional staff person for each seven (7) additional clients.
- 3) Fifty percent or more of a staff member's time shall be spent in on-site service or supervision on behalf of one or more clients in order to be considered in the ratio.
- de) When a staff person is fulfilling more than one position (or function) with the adult day care program, that person must fulfill the prescribed amount of time as outlined in the respective job descriptions for each position, e.g., administrator 1/2 time; R-N program nurse, 1/2 time.
- ed) Each adult day care employee shall have:
 - 1) A record of a physical examination within six (6) months prior to assignment on the job with recertification if the worker has contracted a communicable disease after the initial physical examination;
 - 12) Pre-service Initial training totaling a minimum of twelve (12) hours face-to-face within the first week of employment (exclusive of orientation). This requirement is waived for staff with a prior record of employment for at least one year in an adult day care program. Initial training may be exempt if a worker has had previous documented and supervised training, with another CCP contracted agency, within the past two (2) years prior to this employment equivalent to twelve (12) hours.
 - 23) A minimum of three (3) hours face-to-face per calendar quarter of in-service training totaling a minimum of twelve (12) hours per year shall be mandatory for all adult day care employees. Initial training shall fulfill the first quarter in-service training requirement for new employees except when the initial training is exempt for previous documented and supervised training as described in subsection (1) above.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1560 Adult Day Care Staff Positions, Qualifications and Responsibilities

- a) The following staff shall be required of all adult day care vendors (with specified exceptions):
 - 1) An Adult Day Care Program Administrator shall:

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A) Meet the following qualifications:

- i) have a bachelor's degree in a health or human services or related field (including, but not limited to, social or health sciences, public administration or physical education) or be a qualified health professional (Registered Nurse or Health Services Administrator); and have at least one year of work experience in a program serving the elderly;

- ii) Existing an adult day care program staff administrator working in that capacity since July 1, 1985, and continuously since that date, must meet the above requirement, or demonstrate one year of work experience in a program serving the elderly for each year of education being replaced (up to four) or demonstrate continual progress towards meeting the educational requirements by current registration and evidence of successful completion of course work in an accredited junior college, college or university for at least two (2) semesters (or three quarters) of each academic year. (Successful completion means achievement of a grade of "C" or higher in undergraduate course work and a grade of "B" or higher in graduate course work.)

- iii) assume responsibility for direction of the adult day care program;

B) Be responsible for the overall conduct and management of the adult day care program, including:

- i) directing and supervising all aspects of the program;
- ii) supervision of the Program Coordinator/Director;
- iii) fiscal administration;
- iv) evaluation of the program and staff;
- v) community relations.

C) The responsibilities of the Administrator may be performed by the Program Coordinator/Director. If the Administrator's function is also performed by the Program

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Coordinator/Director, only the qualification requirements for Program Coordinator/Director apply.

2) An Adult Day Care Program Coordinator/Director shall:

A) Meet the following qualifications:

- i) have a bachelor's degree in health or human services or a related field (including but not limited to, social or health sciences or physical education); or be a Registered Nurse and have at least one year of work experience in a program serving the elderly;

ii) be a registered nurse;

- iii) Existing An adult day care pProgram staff Coordinator/Director working in that capacity since July 1, 1985, and continuously since that date, must meet the above requirement or demonstrate one year of work experience in a program serving the elderly for each year of education being replaced (up to four), or demonstrate continual progress toward meeting the educational requirements by current registration and evidence of successful completion of course work in an accredited junior college, college, or university for at least two (2) semesters (or three quarters) of each academic year. (Successful completion means achievement of a grade of "C" or higher in undergraduate course work and a grade of "B" or higher in graduate course work.)

B) Be a full-time staff person supervised by the Program Administrator; and shall have the following responsibilities:

- i) assuming total responsibility for the program in the absence of the Program Administrator;
- ii) being present at the adult day care center at all times during program hours or designating an alternate who meets the requirements in subsection (a)(2)(A) above;
- iii) having responsibility for the development and quarterly monitoring of an the individual specialized adult day care plan of care for each client;

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- iv) coordinating and participating in the quarterly review of each client's specialized plan of care and ensuring documentation of the quarterly review;
- v) developing and implementing activities for an educational, recreational and social program which meets the individual needs of each client;
- vi) recording client's progress or reviewing client's progress as recorded by other staff in the client's case record;
- vii) annual evaluation of staff.

3) A program nurse shall:

- A) be a Registered Nurse (R.N.) having at least one year experience in a health care setting; or
- B) be a Licensed Practical Nurse (L.P.N.) under the supervision of an R.N. (either staff or contractual) with one year experience in a health care setting; and
- CB) be at least one-half (1/2) time full-time equivalent FTE on a daily basis, on staff or contractual, and shall have the following responsibilities:

- i) providing/ and/or supervising the health service component provided at the adult day care site;
- ii) developing health care services to meet the needs cited in each client's individualized plan of care;
- iii) administering and supervising medications;
- iv) recording each client's progress in the client's case record to include quarterly review meeting recordings;
- v) participating in the quarterly review of each client's individualized plan of care;
- vi) providing health related personal care training to all staff in the care of clients (e.g., transferring).

4) A transportation Driver/Escort (vendor employed or

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contractual) for those adult day care contractors who provide the transportation service component shall meet all applicable requirements of the Illinois Vehicle Code (Ill. Rev. Stat., 1984 Supp. 1987, ch. 95 1/2, par. 1-100 et seq.).

5) Nutrition Staff shall:

A) Meet the following qualifications:

- i) at least one staff member must have certification from the Department of Public Health as a Certified Food Handler;
- ii) a Nutrition Consultant shall be a registered member of the American Dietetic Association with experience in an agency setting.

B) Provide daily meals meeting requirements specified in Section 240.925(c)(3)(B)(ii)

5) Nutrition Staff shall:

A) meet the following qualifications:

- i) at least one staff member handling/preparing foods at the adult day care site must have certification from the Department of Public Health as a Certified Food Handler;

- ii) a Nutrition Consultant shall be a registered member of the American Dietetic Association with experience in an agency setting, paid or in-kind.

B) Provide daily meals meeting requirements specified in Section 240.230(a)(5).

C) The Nutrition Consultant/Dietitian shall approve menus for adult day care vendors to meet requirements stated in subsection (B) above.

- b) The following optional staff, either contractual or if employed by an adult day care vendor, shall meet the specified qualifications and have the specified responsibilities:

- 1) A Social Service Worker shall be under the direction of the Program Coordinator/Director and shall:

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- A) possess a Bachelor's degree in Social Work or a related field and have at least one year's work experience, preferably with programs for the elderly and disabled.
- B) have responsibilities including:
- i) providing/ and/or supervising social work services;
 - ii) developing the social work service plan component of the individualized plan of care;
 - iii) monitoring and recording the client's progress in the case record of each client;
 - iv) identifying special needs of each client for additional social or mental health needs and assisting in their arrangement;
- 2) Program Aides shall:
- A) have a high school diploma or general education diploma, or two (2) years of prior documented experience working in programs for the elderly, or demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher);
- B) have the following responsibilities:
- i) assisting in individual and group programming and one-to-one relationships with the clients;
 - ii) assume responsibility for a group of clients (under supervision of the program coordinator);
 - iii) participating in the quarterly review of each client's individualized plan of care.
- 3) A medical consultant shall:
- A) be a medical doctor (M.D.) licensed to practice medicine by the State of Illinois;
- B) be available full or part-time (staff or contractual) to provide direct medical care or consultation services, as

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- needed or requested.
- 4) A rehabilitation consultant shall:
- A) have a bachelor's degree from an accredited program;
 - B) be licensed, registered or certified in accordance with requirements of the State of Illinois;
 - C) be available full or part-time (staff or contractual) to provide service directly or on a consultation basis.
- 5) A Dietitian shall:
- A) have a bachelor's degree and be a registered member of the American Dietetic Association;
 - B) be available full or part-time (staff or contractual) to provide service in the planning and preparation of menus having special dietary considerations.
- c) The following requirements shall apply to substitutes for staff positions and to volunteers utilized by an adult day care vendor:
- 1) the adult day care vendor shall have on file information documenting the same personal, health, administrative and professional qualifications for substitutes as are required of staff for whom they act as substitutes;
 - 2) persons agreeing to be available as substitutes or for use in emergencies shall sign a written statement kept on file at the adult day care center, certifying to their availability and agreement to serve in the particular capacity. (The file must be current) of each person serving in this capacity shall contain such a statement for each calendar year of availability;
 - 3) volunteers shall complete an application indicating their reason for participation in the program, special skills, and a self-declaration of good health based on a physical examination within the last two (2) years;
 - 4) volunteers may serve in any capacity for which they are qualified (see subsection (c)(1) above);
 - 5) substitutes and volunteers shall be supervised by the staff person supervising the function to which the volunteer or

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substitute is assigned;

- 6) substitutes and volunteers who are not used to meet program requirements shall have two (2) hours initial training.

(Source: Amended at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1565 Adult Day Care Satellite Sites

- a) Due to the entitlement nature of the Community Care Program (CCP), an adult day care facility may have more clients referred to that facility than the available space allows (daily census maximum) (See Section 240.1550.) When this occurs the adult day care vendor has two options:

- 1) Advise the Case Coordination Unit (CCU) that such a situation is imminent and request suspension of referrals; or
- 2) Request, in writing, authorization from the Department to develop a satellite site in the same geographic contractual area.

- b) If an adult day care vendor advises the CCU of the imminence of its facility reaching the daily census maximum and the vendor states that it does not wish to expand and open a satellite site, the CCU shall immediately advise the Department in writing.

- 1) The Department may issue a Request for Proposal (RFP) for an additional vendor in the same geographic area at the next appropriate RFP solicitation.

- 2) The contract of the adult day care vendor choosing not to open a satellite site shall in no way be affected by the issuance of an RFP/subsequent contract with an additional vendor.

- c) The Department will conduct an on-site review of the satellite site within the first two (2) month period of service provision at the site.

- d) Upon confirmation of compliance to the contract, rules and procedures, the satellite site will be given written authorization/approval.

- 1) An amendment will be executed to the contract to reflect this authorization/approval.
- 2) Authorization/approval shall terminate no later than the date

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the original contract terminates upon which authorization was based.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1570 Adult Day Care Service Availability Expansion

- a) A Community Care Program (CCP) adult day care client may be allowed access to CCP adult day care services in a service area in which the client does not reside (outlying service area) upon receipt of written approval to the Case Coordination Unit (CCU) by the Department under the following circumstances:

- 1) the CCU has determined that adult day care services are appropriate for the client; and
- 2) the geographic area in which client resides has no available adult day care services; or
- 3) the client may be provided with adult day care services more conveniently/appropriately by an CCP adult day care vendor in an outlying service area for the following reasons:

A) the authorized CCP adult day care vendor in the client's service area has reached the daily census maximum capacity, cannot accept new clients, and does not wish to establish a satellite site;

B) optional adult day care service components required by the client are unavailable from the CCP authorized vendor in the client's service area but are available from a CCP authorized adult day care vendor in another service area;

C) transportation can be more conveniently arranged to a CCP authorized vendor in another service area;

- 4) there is a CCP authorized adult day care vendor in an outlying service area whose daily census maximum will allow additional referrals of clients.

- b) A request by a client to receive CCP adult day care services in an outlying service area is inappropriate if the client refuses to accept CCP adult day care services deemed appropriate by the CCU in the client's service area. In this instance, service will be denied or terminated as appropriate.

- c) Department approval of a request for adult day care service

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availability expansion shall remain in effect from the date of the Department's notice of approval of the referral until one of the following occurs:

- 1) adult day care services to the referred client are terminated for any reason;
- 2) the receiving vendor's contract with the Department to provide adult day care services is terminated;
- 3) as the result of solicitation for proposals to provide adult day care service in the client's service area, a contract is issued and the service is appropriate for the client.
- d) If a vendor's adult day care contract period is extended in writing by the Department, approval of the adult day care service availability expansion is also extended for the same effective period.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1575 Adult Day Care Site Relocation

- a) A Community Care Program (CCP) adult day care vendor may need to relocate its primary or approved satellite site for the following reasons:

- 1) an emergency (e.g., flood, fire, etc.) may require that the site be moved;
- 2) a temporary situation may require a temporary move (e.g., building or plumbing repairs needed, etc.);
- 3) the vendor may wish to update the site by relocation to increase the available space or may be required to relocate because of loss of lease, etc.
- b) Any CCP adult day care vendor intending to relocate its primary or satellite site shall obtain written approval of the new facility from the Department.

- 1) For all reasons for relocation except an emergency:

- A) the vendor shall file a letter of intent to relocate, providing detailed information including the reason for the relocation, the proposed relocation site and assurance that requirements specified in subsections

- (B)(i) and (B)(ii) below are met.

- B) the letter of intent to relocate shall be received by the Department at least thirty (30) calendar days prior to the anticipated date of the proposed relocation.

- i) The proposed facility shall meet all CCP standards, and Federal, State and local codes as set forth in Section 240.1550.
- ii) The vendor shall assure the Department that service to the vendor's CCP clients will be uninterrupted.
- iii) A request for a contract amendment may be made by the vendor if the relocation affects the designated address to which the Department mails its correspondence, etc. to the vendor.

- C) Within ten (10) work days from the date of receipt of the letter of intent to relocate, the Department shall provide the vendor with written acknowledgement of the receipt thereof.

- D) Approval of the relocation shall be based upon the information required by the Department and the results of an on-site visit and review of the facility by the Department (see Section 240.1550).

- i) Within five (5) work days from the date of the written acknowledgement, the Department shall contact the vendor to schedule an on-site visit and review of the proposed facility.

- ii) The on-site visit and review shall occur no sooner than thirty (30) calendar days and no later than forty-five (45) calendar days from the date of the written acknowledgement by the Department.

- 2) When any emergency requires relocation of an adult day care site the vendor shall immediately notify the Department.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1580 Standards for Alternative Providers

- a) In the event that Community Care Program (CCP) services are not provided to an eligible applicant within the time limit specified

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in Section 240.910, the eligible applicant may arrange to receive the amount and type of CCP services for which he or she has been determined eligible from an individual or a home care agency of the eligible applicant's choice fifteen (15) calendar days from the date of the notice of eligibility. The Case Coordination Unit (CCU) shall approve the applicant's choice of individual or home care agency for services to be provided.

b) If there is an interruption of services provided to a client due to the failure of a contractual vendor to provide such services, the CCU shall assist the client in locating an individual or home care agency.

c) The Department shall authorize the individual or home care agency and shall guarantee a minimum of fifteen (15) calendar days of service provided by such alternative provider, if at the request of the alternative provider.

d) The Department shall make payment on a monthly basis for such services at the rate which would have been paid an individual provider, if an individual is selected by the eligible applicant/client; or at the usual and customary rate of the home care agency/vendor chosen by the eligible applicant/client to provide this service, if a home care agency is selected by the eligible applicant/client.

e) Payment shall continue, in accordance with subsection (c) above, only until such time as the Department's contractual vendor initiates provision of CCP services to the client, at which time service by the alternative provider shall be immediately terminated. The CCU shall verbally notify the alternative provider and the client of the date upon which service shall be initiated by the Department's contractual vendor.

f) Request for payment for services rendered by an individual alternative provider shall be submitted to the Department by the individual providing the service.

g) Payment for services rendered by a home care agency of the eligible applicant's/client's choice shall be made by the Department following submittal by the agency and processing by the Department of billing forms provided to the agency by the Department.

h) Payment shall be authorized in compliance with "AN ACT to require prompt payment by the State of Illinois for goods or services" (Ill. Rev. Stat. 1987, ch. 127, pars. 132.401 et seq.).

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i) The Department shall be liable for its share of the cost of CCP services, as determined in accordance with Sections 240.855 and 240.870.

j) The payment for the monthly expense for care incurred by the client for CCP Alternative Provider services shall be the responsibility of the client as set forth in Section 240.875.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1590 Standard Requirements for Individual Chore-Housekeeping Provider Services

a) All determinations and redeterminations of eligibility shall be made by the appropriate Case Coordination Unit (CCU) at least once a year or as requested by the client, the client's authorized representative, the client's physician, provider or Department staff.

b) Individual providers shall follow the plan of care developed by Department staff.

c) Individual providers shall be evaluated by the CCU as to their ability to provide needed services through quality of work and dependability.

d) The Department may recommend that a client receiving individual provider chore-housekeeping service be transferred to an authorized vendor for such services, if the Department staff determine one or more of the following:

- 1) potential abuse is noted; or
- 2) the household employee is not meeting the client's needs as established in the Client Agreement - Plan of Care; or
- 3) there is a high turnover of household employees; or
- 4) the client cannot find a household employee.

e) Such determination by Department staff may be made as a result of a telephone or written inquiry or complaint to the Department from any of the following:

- 1) the client;
- 2) the client's Physician/Nurse Practitioner/ Registered

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Nurse/Christian Science Practitioner;3) the Case Coordination Unit (CCU).

f) Transfer to an authorized vendor will be based on the following considerations:

- 1) whether the client, if transferred, will lose sufficient hours of service, based upon the Determination of Need through the eligibility process, which may place the client at very high risk; or
- 2) whether a relative (other than a spouse or a parent) is the individual chore-housekeeping provider, and/or if the client, for other reasons, wants to keep the employee, but the vendor may not be able to hire the employee.

g) If, during the Determination of Need process, the CCU believes that the client may need a combination of services (such as chore-housekeeping and adult day care), the CCU shall recommend the combined service provision to the Department. The Department shall determine whether the combination of services of the individual chore-housekeeping provider and vendor is appropriate or whether it is more appropriate to transfer the client from individual chore-housekeeping provider services to a vendor(s) for all services.

h) Payment for services provided by an individual chore-housekeeper provider shall be made by the Department on behalf of the client.

i) Payment shall be in compliance with "AN ACT to require prompt payments by the State of Illinois for goods or services" (Ill. Rev. Stat. 1987, ch. 127, pars. 132.401 et seq.).

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART P: VENDOR PROCUREMENT

Section 240.1600 Vendor Procurement

a) All services provided to eligible individuals shall be delivered in accordance with contracts entered into between the vendor agencies and the Department. The Department shall operate, for services as described in Sections 240.210, 240.220, 240.230 and 240.250, under procurement practices and procedures described in this Subpart.

b) The contract is a binding agreement made by the Department and vendor agencies to evidence the terms and conditions of the

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contract. The terms and conditions include but are not limited to:

- 1) the contractual agreement between the Department and the vendor may be terminated without cause by either party upon thirty (30) calendar days written notice;
- 2) the contractual agreement between the Department and the vendor may be amended, with the mutual consent of both parties, at any time during the term of the contract;
- 3) all program and financial records, reports, and related information and documentation, including client files, which are generated as a result of the agreement shall be considered the property of the Department.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1605 Procuring Vendor Services

a) The services procured pursuant to this Part are considered by the Department to be professional services because of the life, safety and social services performed by the service vendors. An essential element of the program is that the client must trust the service vendor to perform services for the client in the client's home or at the adult day care site.

b) Although professional services are exempt from the competitive bid requirement of the Illinois Purchasing Act (Ill. Rev. Stat. 1987, ch. 127, pars. 132.1 et seq.), the Department, in order to maximize competition in the procurement of Community Care Program (CCP) services, has chosen to procure these services through use of the request for proposal process described in this Subpart.

c) If, after evaluation of the responses to the request for proposals (refer to Section 240.1635), the Department determines not to make an award, the Department shall secure needed services through any means of selection likely to result in a contract.

d) In the event of an emergency, the request for proposal process will not be used, and the Department shall issue a temporary negotiated contract under the following circumstances:

- 1) service is immediately needed to prevent interruption of services to current clients, or
- 2) service is immediately needed to protect a client's health, safety or welfare, or

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- 3) service is of such a nature or the market place is such that only one vendor is reasonably capable or willing to perform.
- 4) In the event that the Department is unable to issue a temporary negotiated contract, the Department shall transfer clients to another CCP service to ensure continuation of service to clients.
- e) Temporary negotiated contracts shall be sought by the Department if the requirements, as stated above, are met. To the extent practicable, emergency procurements shall only be made during the emergency and only continue until the next eighteen (18) month procurement cycle solicitation (see Section 240.1610).

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1610 Procurement Cycle

The Department will solicit Requests for Proposal (RFPs) for Community Care Program (CCP) services on a four and one-half (4-1/2) year cycle to ensure that at least once every four and one-half (4-1/2) years a county/service area will be opened for free and open competition for contracts to provide homemaker, chore-housekeeping and adult day care services.

- a) To ensure all contracts are procured equitably and meet all procurement requirements of the Illinois Purchasing Act (Ill. Rev. Stat. 1987, ch. 127, pars. 132.1 et seq.), 102 counties will be opened for initial statewide solicitation for homemaker, chore-housekeeping and adult day care services in Fiscal Year 1990 to begin the four and one-half (4-1/2) year cycle.
- b) Thereafter, the City of Chicago and Suburban Cook County will be opened for solicitation by sub-areas: five (5) in Chicago and three (3) in suburban Cook County. The rotation of sub-areas shall ensure that at no one future solicitation shall the entire City of Chicago or Suburban Cook County be opened (see Section 240.1625).
- c) At least one-third (1/3) of the CCP contracts, which shall be randomly chosen, shall be opened for free and open competition every eighteen (18) months following the initial statewide solicitation.
- d) The Department shall offer a contract, with options to extend said contract, for a period of time not to exceed four and one-half (4-1/2) years following the initial contract execution. Thus, a contractor exhibiting good service performance might be retained, through contract extension, for a four and one-half (4-1/2) year period.

- e) In the event that a change in the fixed unit rate amount (refer to Sections 240.1910, 240.1930, 240.1940 and 240.1950) occurs during the four and one-half (4-1/2) year cycle, the Department shall exercise its thirty (30) calendar day termination or mutual amendment rights, in order to ensure full implementation of the adjusted rate.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1620 Issuance of Vendor Request for Proposal

- a) Department procurement actions shall be advertised in the Official State Newspaper.
 - 1) Advertisements shall appear at least three (3) times with the first and last advertisement at least ten (10) calendar days apart.
 - 2) Advertisements may detail the Department's needs or may generally indicate needs while inviting vendors to request the Request for Proposal (RFP).
 - b) The Department shall establish and maintain a list of applicants/vendors who are interested in providing applicable services to be bid.
 - 1) RFPs shall be sent to applicants/vendors on this mailing list.
 - 2) The list shall be maintained by the Department until the RFP process has been completed.
 - 3) Following the RFP and subsequent award process, applicants must again request, in writing, placement on the list for the next RFP.
 - c) The Department shall ensure that RFPs are issued to current contractors in good standing whose service areas are open for solicitation.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1625 Content of Vendor Request for Proposal

- a) A Request for Proposal (RFP) shall be in writing and contain the necessary information to enable a prospective vendor to prepare a proposal.

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- b) The RFP shall consist of two parts: Department Guidelines for Completion of RFP (Part A), and the Vendor Proposal (Part B).
- 1) The Department Guidelines for Completion of the RFP shall include:
- A) a clear and accurate description of the service to be provided;
 - B) the submission process;
 - C) the review process;
 - D) general contract and bid information;
 - E) the date, time and address of any bidders' conference(s), when applicable;
 - F) Department contact person;
 - G) evaluation factors and the weighting of those factors.
- 2) The Vendor Proposal, Part B, consists of the questions and narrative sections to be addressed by the applicant/vendor and returned to the Department for consideration and scoring.
- c) An incomplete proposal shall not be considered by the Department.
- d) All proposals shall be considered as submitted and may not be amended or revised except as determined by the Department upon submission of supportive evidence of an apparent clerical mistake or informality disclosed prior to award.
- 1) No corrections shall be permitted to make unresponsive proposals responsive to the rating criteria and proposal guidelines.
 - 2) Allowable administrative corrections will be made by the Department within seven (7) calendar days from the date of receipt of supportive documentation (i.e., work papers).

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1630 Criteria for Number of Chore-Housekeeping and Homemaker Vendor Contracts Awarded

- a) The Department will establish in advance, and publish in the

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Official State Newspaper, the notice of the Request for Proposal (RFP), and the geographic area for chore-housekeeping and homemaker to be specified in each service contract.

- 1) In single county contract service areas, the Department will contract with at least two vendors for each service if the population in the particular county age 75+, and in poverty, equals or exceeds 800 persons using the most recent U.S. Census data available.
 - 2) In multi-county contract service areas, the Illinois Department on Aging will contract with at least two vendors for each service if:
 - A) the population age 75+, and in poverty, equals or exceeds 800 in at least one of the counties using the most recent U.S. Census data available; or
 - B) the population age 75+, and in poverty, equals or exceeds 1250 in the total service area using the most recent U.S. Census data available.
 - 3) Additional vendors will be contracted with, on an as needed basis, for single and multi-county contract service areas, to ensure that the best interests, as determined by the Department, of the client population are met.
 - 4) The Department will contract with no more than eleven (11) vendors for a specific service in a contract service area, with no more than eight (8) of these vendors having area-wide contracts.
- EXCEPTION: The Department will contract with no more than six (6) area-wide vendors in the City of Chicago's Northeast and Northwest service areas.
- 5) The Department will allow up to three (3) local (e.g., neighborhood or special service) vendors of a restricted contract area (less than the full contract service area) for each service.
- A) At the applicant's request, the Department will consider placing a cap on the local vendor contract based upon the service needs of the local contract area.
 - B) At no time can an area-wide vendor be a local vendor in the same service area.

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- b) The Department will establish in advance and publish in the Official State Newspaper, the Request for Proposal (RFP) and the geographic area to be specified in each contract for adult day care service. However, the Department will not set any minimum or maximum number of adult day care service contracts to be awarded within any given area.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1635 Evaluation of Vendor Proposals

- a) When determining if an applicant shall be awarded a contract, the Department shall consider the evaluation of Part B (Vendor Proposal) of the Request for Proposal (RFP). The following quality criteria and assigned points for items scored in Part B are:

- 1) Community experience in provision of service in the solicited area, (0-20 points);
- 2) Community Care Program (CCP) experience as evidenced by a contracted vendor, (0-20 points);
- 3) Linkages in the community to be served, (0-15 points);
- 4) Community participation, (0-5 points);
- 5) Service components, (0-10 points);
- 6) Staff benefits, (0-5 points);
- 7) Training of staff, (0-5 points);
- 8) Staff qualifications, (0-5 points);
- 9) Supervision, (0-5 points);

- b) An additional quality criteria shall be service history. The service history score shall be calculated prior to issuance of the RFP and based upon the compliance review report completed in the previous contract period. Each contract vendor shall be notified in writing of the service history score upon issuance of the RFP. The points awarded for the service history section for all vendors/vendor applicants may range from a positive ten (+10) points, the best score assigned, to a negative forty (-40) points, the poorest score assigned.

- 1) The service history score is achieved as follows for currently

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contracted vendors applying for their present contract areas:

- A) each contract file of an "On-Notice" vendor shall contain a record which becomes an on-notice score, as factored by Type I, II and III classifications (See Section 240.1650).
- B) The service history score applies to each distinct county/service area within the original contract on-notice service area, should the RFP address only a portion i.e., one county of a multi-county on-notice score.
- C) Contracts which have no compliance review findings, and therefore have no on-notice score, shall be assigned an on-notice score of zero (0).
- D) Each contract "On Notice" score is ranked amongst all contract "On-Notice" scores.
- E) Dependent upon the percentile on which the contract on-notice score rests, a service history score is assigned by the following chart:

On-Notice Compliance Review Score (Ranked from the least score to the highest score)	Percentile Rank (Ranked from best to the poorest)	Cumulative Service Score Percent History Score
10	10	10
10	10	20
15	15	35
15	15	50
15	15	60
10	10	70
10	10	80
5	5	85
5	5	90
5	5	95
5	5	100
10	10	10
5	5	5
0	0	0
5	5	5
10	10	10
15	15	15
20	20	20
25	25	25
30	30	30
35	35	35
40	40	40

- 2) Applicants with current Community Care Program experience but no service history score in the solicited area will be awarded a service history score of zero (0).

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3) Applicants with no Community Care Program experience as of the date of submission of their RFP, and, therefore, no service history score, will be awarded the following service history scores by category:

- A) No history as a CCP provider, but has provided service in service area for one or more years: -10 points;
- B) New provider with no prior service provision/experience in service area (less than one year): -20 points.

c) Scoring Part B, Vendor Proposal (items 1 through 9), of the RFP shall be completed by a Review Committee designated by the Director. The Review Committee shall be Department staff and respective Area Agency on Aging (AAA) staff who have agreed to participate.

- 1) Scores determined by the participating AAA shall constitute 45% of the total Part B (items 1 through 9) score;
 - 2) Scores determined by Department staff shall constitute the remaining 55% or the total Part B (items 1 through 9) score.
- d) The combination of the written evaluation of Part B, Vendor Proposal, as provided by the Department staff/AAA reviewers, plus the service history score shall constitute a maximum of 100 points of the evaluation score of the proposal and, therefore, the final score.

e) Scores and score sheets shall be forwarded by the Review Committee to the Department for logging and confirmation. The Department shall do the following:

- 1) Part B scores of items number 1-9 shall be factored and confirmed;
- 2) Part B scores items number 1-9 shall be recorded;
- 3) The service history score shall be factored and confirmed;
- 4) The total score shall be recorded;
- 5) Recommendations shall be forwarded to the Director.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1640 Notification of Vendor Awards

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a) The Director shall represent and act for the State in all matters pertaining to the Request for Proposal (RFP) process and contract. The Director reserves the right to reject any informality in the proposal when, in the Director's opinion, the best interest of the State will be served by such action. The Director receives all scores, recommendations and has the ultimate decision making authority for the award of contracts.

b) After the evaluation of proposals has been completed, the Department shall notify all applicants, in writing, of the applicant's success or failure to be granted a contract.

The Department shall provide all applicants with their score and a copy of their score sheet upon notice of intent to contract or notice of rejection of the proposal. The notice and score sheet shall be sent by certified mail, return receipt requested.

c) A successful vendor shall be held accountable for any and all statements made in the vendor's proposal until such time as a new Request for Proposal is solicited and the vendor has been awarded a new contract. A determination of the extent of a contracted vendor's compliance with that vendor's proposal shall be made by the Department through the compliance review process.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1645 Protest or Objection to Vendor Request for Proposal Award Determination

a) Upon completion of proposal evaluation and determination of awards, the Department shall notify each competitor of the Department's intent to award or not award a contract. Included in the notification shall be a copy of the criteria used to rate the proposal, a photocopy of their specific score sheets, and a comparative chart of the respective quality criteria scores and total score received by a successful competitor for that contract area.

b) The Department shall observe the Department of Central Management Services' Standard Procurement rules (44 Ill. Adm. Code 1) for objection or protest proceedings. Due consideration shall be given to each protest or objection filed accordingly.

- 1) Upon receipt of the written notice, the applicant may protest or object to said procurement action.

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- 2) A protest or objection regarding a procurement action or decision must be in writing and sent by certified or registered mail, return receipt requested, to the Department's Springfield office within seven (7) calendar days from the date of the protestor's receipt of the notice of the objectionable action. If the protest is not received in the time specified above, the protest shall be disregarded and the award shall be made in the normal manner.
- 3) Each protest or objection must contain a full and concise statement of the facts and circumstances of the action which is alleged to be objectionable, legally or otherwise, and a statement of the relief sought.
- A) The Department may request additional details at any time.
- B) Failure to supply any information requested by the Department will be cause for dismissal of the protest.
- C) Upon receipt of written protest or objection, the Department shall immediately review the procurement action in question and shall issue a written response. The decision of the Director is final. It shall be in writing and sent by certified mail, return receipt requested.
- D) If a written protest against the making of an award is received, the award shall not be considered final until the matter is resolved.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1650 Failure to Maintain Vendor Compliance to Contract

The Department has identified and prioritized vendor service violations, which are failures to comply to the contract/Department rules. There are three classifications of violations: Type I, Type II, and Type III.

- a) Type I violations pose an imminent risk to the health, safety and welfare of the Community Care Program (CCP) client, and represent situations where failure to correct the violation could result in the client's potential hospitalization or nursing home placement. Type I violations shall receive priority attention, requiring immediate (within 24 hours) correction. Type I violations shall include:
- 1) Delays/failure to initiate new service by the effective date

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- (failure could result in hospitalization and nursing home placement). EXCEPTIONS: Capacity of an adult day care facility would be exceeded by acceptance of a new client, or service required in a client's plan of care cannot be provided by the vendor in accordance with the limitations noted on the Vendor Check List and approved by the Department.
- 2) Failure to follow a plan of care (failure could result in hospitalization/nursing home placement of a client).
- 3) Failure to accept referrals of interim service cases.
- 4) Failure to initiate interim services within two (2) work days.
- 5) Failure to remove workers with communicable diseases which pose a threat to the client's health.
- 6) Failure to have at least a minimum of two (2) staff persons at the adult day care site at all times when open and failure to have a Program Nurse on staff as required.
- 7) Unsafe facility (adult day care) - includes failure to meet all fire regulations/codes, have unsafe exit areas.
- 8) Failure to meet transportation requirements (vehicle safety, driver qualifications, etc.) (adult day care).
- 9) Failure of required staff to meet the physical requirement as specified in Section 240.1510.
- 10) Food related failures (adult day care) to include:
- A) improper food temperatures;
- B) failure to maintain temperatures;
- C) failure to have a certified food handler on staff;
- D) failure to have the required menu, special diet, catering and required sign-offs by a dietitian;
- E) failure to provide special diets in accordance with physicians' instructions.
- 11) Improper handling, lock-up and recording of client medications at the adult day care site and administration of medication by chore-housekeepers or homemakers.

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- 12) Room temperatures too hot or too cold (adult day care).
- 13) Water temperatures too hot (adult day care).
- 14) Failure to protect the health, safety and welfare of a client.
- b) Type II includes violations which, if not corrected, pose a potentially serious risk to the client. These violations are to be corrected within forty-five (45) calendar days and include:
 - 1) Failure to accept referrals of new cases. EXCEPTIONS: the capacity of an adult day care facility would be exceeded by acceptance of a new client, or service required in a client's plan of care cannot be provided by the vendor in accordance with the limitations noted on the Vendor Check List and approved by the Department.
 - 2) Failure to initiate new service by the effective date (no imminent risk).
 - 3) Failure to follow the plan of care (no imminent risk).
 - 4) Failure to meet supervisory qualifications for chore-housekeeping or homemaker service.
 - 5) Failure to meet supervisor to direct service worker ratio for chore-housekeeping or homemaker service.
 - 6) Failure to safeguard client information/confidentiality.
 - 7) Failure of direct service workers to meet job qualifications and activities.
 - 8) Unmet supervisory requirements and activities, including failure to conduct home/on-site visits, failure to conduct face-to-face worker conferences.
 - 9) Failure to cooperate in an investigation of a report of client neglect/abuse (verbal, physical, financial exploitation, theft, etc.).
 - 10) No readily accessible telephone for adult day care client use within the activity area.
 - 11) Failure to meet training requirements of chore-housekeeping, homemaker and adult day care service staff.

- 12) Failure to respond to client requests within fifteen (15) calendar days.
- 13) No designated Community Care Program Director (adult day care) or designated individual who has responsibility for administration of the chore-housekeeping/homemaker program.
- 14) Inadequate first aid supplies (adult day care).
- 15) Failure to meet adult daily dietary requirements for the required meal (adult day care).
- 16) Daily census exceeds space requirements, and facility fails to meet space and separation requirements (adult day care) as specified in Section 240.1550(d)(1) and (2).
- 17) Lack of handicapped accessibility: entrances/vehicles/restrooms/etc. (adult day care).
- 18) Failure to meet adult day care service staff to client ratio.
- 19) Failure of adult day care staff to meet job qualifications and activities.
- c) Type III violations are administrative and pose a very low risk to the client. The time frame for correction of Type III violations shall be forty-five (45) calendar days or as established in an approved work plan. Type III violations include:
 - 1) Failure to adhere to any statements in the vendor's proposal which are not specifically referred to in subsections (a) and (b) above.
 - 2) Inadequate maintenance of records which may include:
 - A) personnel records;
 - B) personnel policies;
 - C) employee files to include physical examinations;
 - D) training activities;
 - E) client records;
 - F) payment records.

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- 3) Disparity between Client Agreements - Plans of Care, Hours of Service Calendars, and Vendor Requests for Payment.
- 4) Improper methods for computing/billing clients for incurred expense for care.
- 5) Inappropriate units billed.
- 6) No written job descriptions provided to employees.
- 7) Personnel policies not provided to employees.
- 8) Failure to retain financial audit trail and client related records for a five (5) year period.
- 9) Failure to document all interaction with clients that affects client service or eligibility.
- 10) Failure to meet any requirements of this Part not specifically cited above.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1655 Method of Identification of Type I, II and III Vendor Violations

- a) The Department will be in receipt of reported contract and rule violations through the following methods:
 - 1) Department Administrative Compliance Reviews are conducted for one-third (1/3) of the Community Care Program (CCP) contracts every eighteen (18) months.
 - A) The above will ensure that every CCP contract will undergo an Administrative Compliance Review every fifty-four (54) months or once every four and one-half (4-1/2) years.
 - B) Violations are identified on-site and classified according to Type I, II or III violations. (See Section 240.1650)
 - 2) The Department reserves the right to a limited selection of additional specific vendors for purposes of a Department Administrative Review which may thus exceed the one-third (1/3) predetermined and announced reviewed entities. Review of the additional vendors will be based upon receipt of

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service incident report(s)/complaint(s)/violation(s) as specified in subsections (a)(3) and (a)(4) below. These additional vendors will receive written prior notification of such review.

- 3) Service incident reports/complaints/violations shall be made directly to the toll-free "800 Unit" of the Department or shall be referred to the "800 Unit" by the Department/Case Coordination Unit/vendor.
- A) Upon receipt, the reports/complaints/violations will be logged, validated and, if valid, classified by violation as appropriate (See Section 240.1650).
- B) Sources of reports/complaints/violations shall be: Client/authorized representative/family/aging network staff/Case Coordination Units/other vendors/the Department and others.
- C) Receipt of incidents may be in writing, phone calls or other method. Resolution shall be sought immediately by the "800 Unit" with assistance, as needed, by Department staff.

- 4) Accumulation of valid service incidence reports, per contract, may result in the vendor receiving a letter warning the vendor of "On-Notice" action to be taken by the Department.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1660 Vendor Compliance During Contract Period

- a) Vendors under contract to the Department must comply with Federal, State and local laws, regulations and Department rules. When the vendor signs the contract, this signature shall be the vendor's certification that all applicable laws, rules and regulations will be complied with.
- b) The Department shall verify compliance by reviewing the vendor's contract file records and by monitoring compliance reports.
 - 1) Contract files are maintained by the Department regarding quality of service provision, technical assistance and training provided, correspondence, and day-to-day vendor activity.
 - 2) Compliance reports from the Department's Administrative

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Compliance Reviews are maintained by the Department and findings are acted upon as described in Sections 240.1650 and 240.1655.

- 3) The Department shall have the authority to conduct an Administrative Compliance Review of a contracted vendor agency at any time during the course of the vendor's contract period for the purpose of protecting the health, safety and welfare of the clients.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1665 Vendor Sanctions for Failure to Comply with Community Care Program Contract

- a) The Department shall impose sanctions upon any Community Care Program (CCP) contracted vendor who fails to comply with the Department rules/contract requirements (which includes the statements contained in the vendor's proposal).
- b) When the Department identifies a vendor's Compliance Review report containing non-compliance findings, the Department shall place that vendor "On-Notice" to correct those findings.
- c) The length of time the vendor shall be allowed to correct those non-compliance findings shall depend upon the extent of the risk to the health and safety of the CCP clients as stated in Section 240.1650.
- d) Vendors placed "On-Notice" shall be advised by the Department. The Department shall send a written announcement accompanied by the Administrative Compliance Review Report to the vendor by certified mail, return receipt requested. The announcement shall clearly state the nature of the non-compliance findings. A control date shall be established which shall be the next work day from the date of vendor receipt of the "On-Notice" announcement.
- e) Upon receipt of the "On-Notice" announcement of non-compliance, the vendor has the right to file a formal objection thereto with the Department. If an objection is filed, the vendor shall observe the following time frames:
- 1) Type I violation -- an objection must be received by the Department on or before the fifth (5th) work day from the control date.
 - 2) Type II and Type III violations -- an objection must be

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received by the Department on or before the tenth (10th) work day from the control date.

- f) Objections shall be addressed, delivered or mailed to:

Director
Attention: General Counsel
Illinois Department on Aging
421 East Capitol Avenue
Springfield, Illinois 62701.

- g) The General Counsel, together with appropriate staff of the Department, shall review the objections and findings by a paper work review of the objection data submitted by the vendor. The paper work review of the objections shall result in an on-site visit by the Department when confirmation of objection data must be tested on-site. The review shall determine the validity of the objections as follows:
- 1) Findings determined to be invalid shall be expunged from the Administrative Compliance Review Report and evidence thereof placed in the vendor's file.
 - 2) Findings determined to be valid shall be upheld and an Exit Conference may be required within twenty-four (24) work days from the control date established.
- h) The Department shall provide on-site technical assistance to the vendor on or before the twentieth (20th) calendar day from the control date, if no objection is received. The Department shall make an on-site visit on or before the thirtieth (30th) calendar day from the control date, if an objection is received. The purpose of the on-site visit shall be to provide instruction to the vendor in bringing the findings into compliance.
- i) If the vendor needs additional time to correct non-compliance at the time of the technical assistance on-site visit, the Department may grant an extension of the "On-Notice" period for Type II or Type III violations. Such extension shall only be granted in order to complete required physical improvements at an adult day care site. Department-required extensions shall be granted in writing by the Department if an on-site visit by the Department is conducted during the course of the On-Notice period.
- 1) If an extension is granted, the Department shall send the written extension by certified mail, return receipt requested.

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- 2) The announcement of the extension shall state the length of the extension from the original "On-Notice" control date.
- j) On or before the twentieth (20th) work day from the expiration of the "On-Notice" period or on or before the twentieth (20th) work day from the expiration of the extension, the Department shall conduct an unannounced on-site Compliance Review Close-Out Review.
- 1) No more than one Compliance Review Close-Out Review shall be conducted for the "On-Notice" announcement.
- 2) The Department shall issue a close-out advisement letter accompanied by the Compliance Review Close-Out Report to the vendor by certified mail, return receipt requested, indicating:
- A) the vendor has taken proper corrective action on both the original review sample of client/vendor files and the new review sample of client/vendor files, if available, the "On-Notice" is removed, and the compliance score is reduced by one-half; or
- B) the vendor has taken proper corrective action on the original review sample of client/vendor files, but not on a new review sample of client/vendor files, and the compliance score remains at the original level; or
- C) the vendor has not taken proper corrective action on the original review sample of client/vendor files, and the compliance score shall be increased by one and one-half.
- 3) There may be variations of the above circumstances regarding availability of new review samples of client/vendor files or other situations where proper compliance testing results in drawing additional sample(s) of client/vendor files in order to conduct a proper compliance testing.
- k) The vendor has the right to object to the findings in the Compliance Review Close-Out Report which accompanies the close-out advisement letter if such objection is received by the Department on or before the tenth (10th) work day from the newly established control date (i.e., next work day following receipt by vendor of the close-out advisement letter).
- 1) If the objection is not received by the above stated time period, the objection shall be denied.

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- 2) Objections shall be addressed, delivered or mailed to the Director as specified in subsection (f) above.
- 1) If no objection is filed and the vendor remains out of compliance, the Director shall advise the vendor that contract action will be taken.
- 1) Contract action notification shall be sent to the vendor by certified mail, return receipt requested.
- 2) The contract action control date is the next work day from the date of vendor receipt of the contract action notification.
- m) If objection to the close-out findings is received at the Department on or before the tenth (10th) work day, the General Counsel, together with appropriate staff of the Department, shall review the Compliance Review Close-Out Report objections and findings by a paper work review of the objection data submitted by the vendor. The paper work review of the objections shall result in an on-site visit by the Department when confirmation of objection data must be tested on-site. The review shall determine the validity of the objections as follows:
- 1) If findings are determined to be valid, they shall be upheld.
- 2) If findings are determined to be invalid, they shall be expunged from the Compliance Review Close-Out Report and, if appropriate, from the Compliance Review (On-Notice) Report, and evidence thereof placed in the vendor's file.
- n) The Director shall advise the vendor of the decision to either sustain vendor's objection or uphold the Department's close-out findings.
- o) If the Department's close-out findings are upheld, the Department shall, within five (5) work days from the date of the Director's decision, send a contract action notification to the vendor by certified mail, return receipt requested. The contract action control date is the next work day following vendor receipt of the contract action notification.
- p) Contract action to be taken shall be one of the following:
- 1) suspension of referrals for an established period of time; or
- 2) transfer of client(s) or assign new worker to CCP client(s); or

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- 3) a limited financial compliance audit; or
- 4) contract termination and transfer of all clients.
- q) The vendor shall be advised of the vendor's right to appeal the contract action. The contract action appeal must be received by the Department on or before the tenth (10th) work date from the contract action notification control date, except for the contract action cited in subsection (p)(4) above. The appeal process applicable to subsection (p)(4) is specified in subsections (x) and (y) below.
- r) Appeals shall be addressed, delivered or mailed to the Director as specified in subsection (f) above.
- s) The General Counsel, together with appropriate staff of the Department, shall review the contract action appeal and respond to the Director as follows:
- 1) the contract action is determined to be valid and the contract action is upheld and will be implemented; or
 - 2) the contract action is determined to be rescinded; or
 - 3) the contract action is determined to be held in a period of stay, followed by Department confirmation of an on-site review/new review sample of client or vendor files/desk audit resulting in contract action being rescinded or terminated; or
 - 4) the contract action is determined to be valid and Department confirmation of an on-site review/desk audit resulting in modified/revised contract action.
- t) The General Counsel shall respond to the vendor appeal, setting forth the Director's decision to the appeal. If the contract action is upheld, the contract action shall be implemented.
- u) If no appeal is received by the deadline, the contract action shall be implemented.
- v) The contract action notification shall establish a set time frame for the contract action to be effective. The effective date cannot be prior to forty-five (45) calendar days from the contract action notification control date.
- w) If the contract action resulted in the suspension of intake or the transfer of clients, upon expiration of that contract action, the

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Department will conduct an on-site review/desk audit to ensure that a vendor is in a compliance status.

- 1) The Department will prepare a Contract Action Review Report and shall draw additional sample(s) of client/vendor files in order to conduct a proper compliance testing.
 - 2) Any contract action other than termination shall result in a Contract Action Review Report.
- x) When a contract action results in a Department decision of termination, the Department will so advise the vendor, in writing, via certified mail, return receipt requested. Included in the written notification will be the effective date of said termination and a Department request for a face-to-face conference or appeal, at a time to be established, to be conducted at Illinois Department on Aging, 421 East Capitol, Springfield, Illinois.
- 1) The vendor may bring appropriate representation and written appeal data to this face-to-face conference or appeal.
 - 2) Appropriate Department staff will be in attendance at the conference or appeal.
- y) The Director shall review the recommended contract action of termination and the Department's written report of the face-to-face conference or appeal and make a final written response to the face-to-face conference or appeal on or before five (5) calendar days from the date of the face-to-face conference or appeal.
- (Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)
- SUPPORT R: ADVISORY COMMITTEES
- Section 240.1800 Policy Advisory Committee
- a) The Director shall appoint individuals to serve in an advisory capacity to the Department to identify present and potential policy issues affecting the Community Care Program (CCP) service delivery network, and to recommend solution strategies.
 - b) Representatives will be appointed as follows from the service network:
 - 1) four (4) Case Coordination Unit representatives;
 - 2) two (2) adult day care representatives;

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- 3) two (2) homemaker representatives;
- 4) two (2) chore-housekeeping representatives;
- 5) two (2) Area Agency on Aging representatives;
- 6) two (2) demonstration/research project representatives;
- 7) two (2) non-provider representatives from policy/advocacy/research organizations;
- 8) one (1) service worker union representative.
- c) Individuals may not serve in more than one capacity on the Committee, so that seventeen (17) individuals will serve in an advisory capacity.
- d) Representatives will be appointed by the Director. Nominations may be presented from any agency or state association with interest in the CCP. Selections will be based on geographic representativeness and experience in the CCP and willingness to serve.
- e) The Director will serve as permanent Chair of the Policy Advisory Committee.
- f) The Director will designate Department staff to provide technical assistance and staff support to the Committee. Department representation will not constitute membership on the Policy Advisory Committee.
- g) Initial terms of appointment will be for either two (2) or three (3) years. Subsequent appointments will be for a single two (2) year term. At no time can a member serve a second consecutive term in any capacity on the Committee.
- h) The Department will fill vacancies that have a remaining term of over one (1) year, and this replacement will occur through the annual replacement of expiring terms.
- i) The Committee will meet at least semi-annually, once in September and once in March.
- j) The Committee may request the Director as Chair, in writing, to schedule a meeting at any time during the calendar year in addition to the above prescribed times. The Director, as Chair, will take such a request under advisement, and may schedule additional meetings not to exceed a total of four (4) meetings in the calendar year.

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- k) All papers, issues, reports and meeting memoranda will be advisory only. The Director, as Chair, will make a written response/report, as requested, regarding issues before the Policy Advisory Committee.
 - l) The Director retains full decision making authority on the Community Care Program regarding any recommendations of the Policy Advisory Committee recommendations.
 - m) Members of the Policy Advisory Committee shall not concurrently serve on the Technical Rate Review Advisory Committee (See Section 240.1850).
- (Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)
- Section 240.1850 Technical Rate Review Advisory Committee
- a) The Director will appoint a Technical Rate Review Advisory Committee to evaluate and advise on a rate methodology for establishing fair and equitable rates of reimbursement for services provided under the Community Care Program.
 - b) The Committee will advise the Department on methodology based on the rules, policies and procedures of the Community Care Program, comparative market place conditions and current conditions of doing business.
 - c) The Committee will advise the Department on homemaker, chore-housekeeping, adult day care and case management rates.
 - d) Representatives will be appointed with the following considerations:
 - 1) the agency's/applicant's experience (years) in the Community Care Program;
 - 2) the applicant's experience in budget development;
 - 3) the applicant's formal education in accounting/budgeting;
 - 4) geographic representation; and
 - 5) homemaker, chore-housekeeping, adult day care and case coordination unit representation as well as one representative each from the service worker union and from an Area Agency on Aging; and

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6) willingness to serve.

e) Twelve (12) representatives will be appointed by the Director. Nominations may be presented from any agency or state association with interest in the Community Care Program. Selections will be based upon the considerations as outlined in subsection (d) above.

f) Three (3) representatives from other State departments will be appointed by the Director.

g) Individuals may not serve in more than one capacity on the Committee, so that fifteen (15) individuals will serve in a rate review advisory capacity.

h) The Director will designate Department staff to provide technical assistance and staff support to the Committee. Such Department representation will not constitute membership on the Technical Rate Review Advisory Committee.

i) The Director will serve as permanent Chair of the Technical Rate Review Advisory Committee.

j) Initial terms of appointment will be for either two (2) or three (3) years. Subsequent appointments will be for a single two (2) year term. At no time can a member serve a second consecutive term in any capacity on the Committee.

k) The Department will fill vacancies that have a remaining term of appointment of over one (1) year, and this replacement will occur through the annual replacement of expiring terms.

l) The Committee will meet at least three (3) times in each calendar year, during the months of: January, March, and August.

m) The Committee may request the Chair, in writing, to schedule a meeting at any time during the calendar year in addition to the above prescribed times. The Director, as Chair, will take such a request under advisement, and may schedule additional meetings not to exceed a total of four (4) meetings in the calendar year.

n) All papers, issues, reports and meeting memoranda will be advisory only. The Director as Chair will make a written response/report, as requested, regarding issues before the Technical Rate Review Advisory Committee.

o) The Director retains full decision making authority on the Community Care Program regarding any recommendations of the

Technical Rate Review Advisory Committee.

p) Members of this Committee shall not concurrently serve on the Policy Advisory Committee.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART S: VENDOR RATESSection 240.1910 Establishment of Fixed Unit Rates

a) The fixed unit rates will be reviewed annually, at a minimum, and adjustments will be made to conform to the Community Care Program's appropriation and to program service requirements and federal and state changes in laws and rules affecting the Program.

b) In establishing fixed unit rates of reimbursement, the Department will take into consideration the following:

1) cost information provided by service vendors;

2) advice of the Technical Rate Review Advisory Committee;

3) current market conditions and trend analyses; and

4) Community Care Program appropriation levels.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1920 Contract Specific Variations

The Department will consider reimbursing a vendor at a rate other than the established fixed unit rate to compensate for contract specific variations in cost. This consideration will be made under the following circumstances:

a) there is evidence to suggest that a contract area currently served by a vendor will become "unserved" due to inadequate reimbursement by the State to cover costs. An adjusted rate will be used only after the "emergency contracting process" as defined in Section 240.1605, has shown that no vendor offered an emergency contract is willing to provide service in the contract area at the established fixed unit rate. The adjusted rate will then be determined through the competitive procurement process as defined in Section 240.1605.

b) Once a contract area has established an adjusted rate, that rate shall be effective until such time as a new procurement process has been initiated.

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- c) The adjusted rate contractor must still meet the requirements for chore-housekeeping and homemaker vendors as stated in Section 240.2020, and Section 240.2040.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1930 Fixed Unit Rates of Reimbursement for Chore-Housekeeping and Homemaker Services

The Department will establish fixed unit rates of reimbursement for chore-housekeeping and homemaker services exclusive of those services as defined in Sections 240.270 and 240.280. The fixed unit rates of reimbursement will be published in the official state newspaper.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.1940 Fixed Unit Rates of Reimbursement for Adult Day Care Service and Transportation

- a) The Department will establish fixed unit rates of reimbursement for adult day care and transportation service as defined in Section 240.230. The fixed unit rates of reimbursement will be published in the official state newspaper.

- b) The above cited fixed unit rate for adult day care and transportation services does not apply to those adult day care contract specific entities who, before or upon adoption of rule, have retained the adult day care unit rate structure which has transportation as a component of the adult day care service. These contract specific entities and this single adult day care rate structure will be authorized by the Department for the above cited entities only. The maximum unit rate will be published in the official state newspaper.

- c) Those entities cited in subsection (b) above may, at any time during the contract period, request amendment to adopt the rate structure cited in subsection (a) above. At no time may an adult day care contractor who has, either by amendment or request for proposal process adopted the rate structure in subsection (a) above revert to the single adult day care rate structure.

- d) Upon adoption of rule, all applicants for an adult day care contract, with the exception of contract specific entities cited in subsection (b) above, must apply under the fixed unit rate structure as cited in subsection (a) above.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

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Section 240.1950 Adult Day Care Fixed Unit Rates

Adult day care vendors under contract with the Department shall be uniformly reimbursed for the provision of adult day care service at the rates established by the Department. The reimbursable units of adult day care services shall be as follows:

- a) One unit of adult day care service is defined in Section 240.230(c)(1) as a minimum of five (5) direct client contact hours (excluding transportation time) provided to a client.

- 1) The Community Care Program will not reimburse for more than one (1) unit of adult day care service in a twenty-four (24) hour period.

- 2) The rate will reflect a rate differential based upon the following:

- A) for each adult day care client receiving a Determination of Need (DON) score on Part A of 28 or less points; or
B) for each difficult to serve adult day care client receiving a DON score on Part A of 29 or more points.

- b) One unit of documented adult day care transportation provided by the adult day care vendor is defined in Section 240.230(c)(2) as a one-way trip per client to or from the adult day care site and the client's home.

- 1) No more than two (2) units of transportation shall be provided per client in a twenty-four (24) hour period.

- 2) A unit of transportation shall not include transportation on outings, trips to physicians, shopping or other miscellaneous trips.

- c) For the adult day care contract specific entities as cited in Section 240.1940 (b), the single rate structure will apply to all service components described in Section 240.230 with no rate differential for the Determination of Need score or transportation as described in subsections (a)(2)(A), (a)(2)(B), and (b) above.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

SUBPART T: FINANCIAL REPORTING

Section 240.2020 Financial Reporting of Chore-Housekeeping and Homemaker Services

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a) Vendor agencies will be required to submit two cost reports, Direct Service Worker Cost Certification and Detailed Cost Certification, as specified below. The reports must be based upon actual, documented expenditures.

1) The reports must be submitted annually, within six months of the end of the reporting period, and may be prepared as a part of the vendor's annual audit.

2) The reports may be on either a calendar year basis or the vendor's fiscal year (once a vendor has elected to base the reports on a calendar or fiscal year, this election can be changed only upon written approval of the Department).

b) The first cost report must demonstrate that the vendor has expended a minimum of 73% of the total revenues due from the Department, to include the client incurred expense, for Direct Service worker costs as enumerated in Section 240.2050.

c) The second cost report shall identify the vendor's expenditures for Direct Service worker costs of Program Support costs, and Administrative costs as enumerated in Section 240.2050. This report shall be used by the Department as work papers in establishing statewide fixed unit rates of reimbursement.

d) The accuracy of these reports must be attested to by an authorized representative of the vendor. In addition, as part of the audit requirement in Section 240.1520, the vendor must submit to the Department a Certified Public Accountant's (CPA's) opinion that the reports were prepared in accordance with generally accepted accounting principles and guidelines issued by the Department.

1) The CPA's opinion on these statements may be limited to:

A) the vendor used acceptable accounting methods to allocate costs, and

B) the vendor's direct service worker costs are supported by vendor accounting records.

2) The Department reserves the right to inspect the CPA's work papers.

e) The Department reserves the right to engage an independent certified public accounting firm to verify the information and data submitted by the vendor if the Department is in possession of evidence to suggest the information and data submitted is

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inaccurate, incomplete or fraudulent. This audit will be performed at the vendor's expense.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.2030 Unallowable Costs for Chore-Housekeeping and Homemaker Services

Certain costs shall not be considered by the Department in establishing fixed rates of reimbursement for chore-housekeeping and homemaker services:

a) expenses resulting from transactions with related parties/parent organizations which are greater than the going market cost of the transactions to the vendor;

b) non-straightline depreciation;

c) bad debts;

d) special benefits to owners, including owner and key-man life insurance;

e) compensation to non-working owners and officers;

f) discounts, rebates, allowances, and charity grants offered by the agency;

g) entertainment expenses;

h) fund-raising;

i) legal fees for litigation with governmental agencies;

j) awards, grants and gifts to individuals;

k) fines and penalties;

l) contingency funds; and

m) losses on other grants and contracts.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.2040 Minimum Direct Service Worker Costs for Chore-Housekeeping and Homemaker Services

a) Vendors are required to expend a minimum of 73% of the total

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revenues due from the Department, to include the client incurred expense, for Direct Service Worker Costs, as enumerated in Section 240.2050 during a reporting year.

- 1) This percentage is to be adhered to on a statewide basis.
- 2) The remaining 27% of the total revenues may be spent by the vendor agencies at their discretion on Administrative or Program Support costs, also delineated in Section 240.2050.
- b) Failure of the vendor to meet the requirements in subsection (a) above may result in the following:
 - 1) The vendor will be required to submit and observe a Department-approved corrective action plan which may include vendor payments to current direct service workers in an amount which will, in total, bring the vendor into compliance with the requirements in subsection (a) above.
 - 2) Failure by the vendor to submit and/or observe a corrective action plan shall result in the following Department sanctions:
 - A) closure of intake (all or some contracts) for a period of time provided by written notice to the vendor; or
 - B) termination (all or some contracts).

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

Section 240.2050 Cost Categories for Chore-Housekeeping and Homemaker Services

Vendors of chore-housekeeping and homemaker services for which fixed rates are established will provide for cost reporting based on the following categories:

- a) Direct Service Worker costs (costs paid to or on behalf of direct service workers) which may include:
 - 1) wages, time paid on behalf of the worker (i.e., vacation, sick leave, holiday and personal leave);
 - 2) health coverage, life insurance, and disability insurance;
 - 3) retirement coverage;

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- 4) FICA;
- 5) uniforms;
- 6) workers compensation;
- 7) FUTA;
- 8) travel time;
- 9) unemployment insurance; and
- 10) other costs approved, in advance, as direct service costs by the Department.

b) Administrative Costs:

- 1) personnel:
 - A) administrator;
 - B) assistant administrator;
 - C) accountant/bookkeeper;
 - D) clerical;
 - E) other office staff;
 - F) other personnel expenses;
- 2) consultant:
 - A) auditors;
 - B) management consultants;
 - C) management fees from the parent organization;
 - D) other related consultant costs;
 - E) other consultant expenses;
- 3) non-personnel:
 - A) office supplies;

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- B) office equipment (expense or depreciation based upon company policy);
- C) telephone/telegaph;
- D) conferences, conventions, meeting expenses;
- E) subscriptions and reference materials;
- F) postage and shipping;
- G) advertising;
- H) outside printing and art work;
- I) membership dues;
- J) moving and recruiting;
- K) other general operating expenses;
- L) profit;
- 4) occupancy:
- A) depreciation;
- B) amortization of leasehold improvements;
- C) rent;
- D) property taxes;
- E) interest;
- F) other related occupancy costs.

C) Program Support Costs which include all allowable costs not specifically made a part of direct service costs or administrative costs. These may include:

- 1) direct service worker travel reimbursement;
- 2) training expenses;
- 3) malpractice insurance;

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- 4) direct service worker supervisor costs.

(Source: Added at 13 Ill. Reg. 11193, effective 7/1/89)

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- 1) Heading of the Part: Retail Advertising
- 2) Code Citation: 14 Ill. Adm. Code 470
- 3) Section numbers: Adopted Action:

470.110	New Section
470.120	New Section
470.210	New Section
470.220	New Section
470.230	New Section
470.240	New Section
470.250	New Section
470.260	New Section
470.270	New Section
470.280	New Section
470.290	New Section
470.310	New Section
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 121 1/2, par. 262, 263, 264.
- 5) Effective Date of Rules: June 29, 1989
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this rule contain incorporations by reference? No.
- 8) Date Filed in Agency's Principal Office: June 5, 1989
- 9) Notice of Proposal Published in Illinois Register:

September 30, 1988 / 12 Ill. Reg. 15239
(issue date)
- 10) Has JCAR issued a Statement of Objections to these rules? No.
- 11) Differences between proposal and final version:

Section 470.210
Section 470.230
Section 470.280
Section 470.290:

Change reference to "Paragraph 2B of the Act" to read "Section 470.220 of this Part".

Section 470.80:

Correct numbering--Section 470.80 becomes Section 470.280.

Section 470.120:

Delete the words "or negotiation" from the definition of "advertisement."

Add the following definition: "List price or manufacturer's suggested retail price" means the prices issued to retailers by national brand manufacturers as a suggested retail price for the manufacturer's product.

Capitalize the word "part."

Section 470.250:

Change the word "manufacturers" to "manufacturer's."

Section 470.290:

Capitalize the word "part."

Authority Note:

Delete the period following "264" in the statutory citation.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.

13) Will this rule replace an emergency rule currently in effect? No.

14) Are there any amendments pending on this Part? No.

15) Summary and Purpose of Rules:

For the past two years the Advertising Subcommittee of the Attorney General's Consumer Advisory Council has been involved in the process of drafting regulations for retail advertising.

It was the consensus of the Advisory Council that it was necessary to clarify what constitutes non-misleading advertising. Business and consumers alike would be the

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beneficiaries of this process. Consumers would benefit by receiving accurate price information in order to more effectively comparison shop. Business would benefit from fair methods of competition.

The regulations focus on four primary advertising problems:

- a) availability of advertised goods;
- b) price comparisons;
- c) clear and conspicuous disclosures; and
- d) what constitutes a sale.

Basically, in order for a merchant to advertise that an item is available for sale, the merchant must have the item in stock in sufficient quantities to meet reasonably anticipated customer demand, unless limitations are clearly and conspicuously disclosed. (See the regulations for exception to the rules.)

A whole series of sections in this part also deal with accurate advertising of price comparisons: comparisons to seller's future prices, seller's past prices, "list prices," competitor's prices for identical products, competitors' prices for comparable products, range of savings claims and two for one sales.

In addition, the regulations state that it is an unfair or deceptive act for a seller to use sale terminology unless the price of the product is reduced by a reasonable amount from the product's former regular price.

- 16) Information and questions regarding this adopted rule shall be directed to:

Ms. Deborah Hagan
Assistant Attorney General
Chief of Consumer Protection
500 South Second Street
Springfield, Illinois 62706.

The full text of the Adopted Rules begins on the next page:

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TITLE 14: COMMERCE
SUBTITLE B: CONSUMER PROTECTION
CHAPTER II: ATTORNEY GENERAL

PART 470
RETAIL ADVERTISING

SUBPART A: GENERAL PROVISIONS

Section
470.110 Preamble
470.120 Definitions

SUBPART B: RETAIL PRICE COMPARISONS AND SAVINGS CLAIMS

Section
470.210 Identifying Basis of Price Comparison
470.220 Comparison to Seller's Own Former (Regular) Prices
470.230 Comparison to Future Prices
470.240 Range of Savings or Price Comparison Claims
470.250 Use of "List Price" or Similar Comparisons
470.260 Comparison to Other Sellers' Price for Identical Product
470.270 Comparison to Sellers' Own or Other Sellers' Price for Comparable Product
470.280 Use of Terms "Two for Price of One", "Buy One, Get One Free"
470.290 Use of "Sale" Terminology

SUBPART C: AVAILABILITY OF ADVERTISED MERCHANDISE

Section
470.310 Customer Demand

AUTHORITY: Implementing Sections 2 and 3 and authorized by Section 4 of the Consumer Fraud and Deceptive Business Practices Act (Ill. Rev. Stat. 1987, ch. 121 1/2, pars. 262, 263, 264).

SOURCE: Adopted at 13 Ill. Reg. 11441, effective June 29, 1989.

SUBPART A: GENERAL PROVISIONS

Section 470.110 Preamble

Price comparison advertising is a form of advertising used in the sale of products whereby current prices are compared with the seller's former or future prices, the prices of other sellers, or other stated values, to demonstrate price reductions or cost savings. It is the intent of this part to ensure that the

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comparative price used in any price comparison advertisement provides accurate information and meaningful guidance to the consumer. The use of misleading price comparisons is injurious to both the consuming public and competitors and is an unfair or deceptive act and an unfair method of competition under Section 2 of the Consumer Fraud and Deceptive Business Practices Act (Ill. Rev. Stat. 1987, ch. 121 1/2, par. 262).

Section 470.120 Definitions

Except as hereinafter stated and unless a different meaning of a term is clear from its context, the definitions of terms used in this Part shall be the same as those used in the Consumer Fraud and Deceptive Business Practices Act (The Act) (Ill. Rev. Stat. 1987, ch. 121 1/2, par. 261 et seq.).

"Advertisement" (including the terms "advertise" and "advertising"), as defined in Section 1 of the Act, means any oral, written, graphic, or pictorial statement made by a seller in any manner in the course of the solicitation of business. Advertisement includes, without limitation, any statement or representation made in a newspaper, magazine, or other publication or on radio or television or contained in any notice, handbill, sign, billboard, banner, poster, display, circular, pamphlet, or letter, or printed on or contained in any tag or label which is attached to or accompanies any product offered for sale.

"Clear and conspicuous" (including the terms "clearly and conspicuously") means that the statement, representation or term being disclosed is in such size, color contrast, or audibility and is so placed and presented as to be in close proximity to the information it modifies, readily noticeable, and reasonably understandable by the person or persons to whom it is being disclosed.

"Comparative price" means the price or value of a product to which a seller is comparing its current price in any advertisement.

"List price or manufacturer's suggested retail price" means the prices issued to retailers by national brand manufacturers as a suggested retail price for the manufacturer's product.

"Person" means an association, corporation, individual, institution, natural person, organization, partnership, trust or any other legal entity.

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"Price comparison" means the direct or indirect comparison in any advertisement (whether or not expressed wholly or in part in dollars, cents, fractions, or percentages) of a seller's current price for a product with any other price or statement of value, whether or not such price is actually stated in the advertisement. Price comparison includes any price reduction claim or savings claim which a seller makes with respect to the seller's current price for any product.

"Product" means any and all goods, whether tangible or intangible, real, personal or mixed and any and all services or franchise or distribution system of any nature.

"Seller" means any person who offers any product for retail sale, rental or lease at any location and disseminates advertisements for that product in Illinois. Seller may include any officer, agent, employee, salesperson, or representative of a seller and any advertising agency employed by a seller.

"Trade area" means the geographic area where the seller's outlets are located and where the seller's advertisements are disseminated.

SUBPART B: RETAIL PRICE COMPARISONS AND SAVINGS CLAIMS

Section 470.210 Identifying Basis of Price Comparison
It is an unfair or deceptive act for a seller to make a price comparison or claim a savings as to any product it offers (for example: "\$29.99 - Save \$10.00" -or- "20% Off all men's shirts") unless the seller clearly and conspicuously describes the basis for the price comparison or the savings claimed; provided, however, a seller may compare a higher and a lower price without describing the basis for the price comparison or the savings claimed if the higher price is the seller's own former (regular) price as determined in accordance with Section 470.220 of this Part. Terms such as "formerly," "regularly," "originally," or words of similar meaning may be used by the seller to identify the higher price as its own former (regular) price.

Section 470.220 Comparison to Seller's Own Former (Regular) Prices

It is an unfair or deceptive act for a seller to compare current price with its former (regular) price for any product or service, (for example: "\$99, Now \$69 - Save \$30"; "Regularly \$99, Now

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\$69"; "Originally \$99, Now \$69"; "Save \$30, Now \$69") unless one of the following criteria are met:

- a) the former (regular) price is equal to or below the price(s) at which the seller made a substantial number of sales of such products in the recent regular course of its business; or
- b) the former (regular) price is equal to or below the price(s) at which the seller offered the product for a reasonably substantial period of time in the recent regular course of its business, openly and actively and in good faith, with an intent to sell the product at that price(s).

Section 470.230 Comparison to Future Prices

It is an unfair or deceptive practice for a seller to make an introductory offer or to compare its current price for a product with the price at which the product will be offered in the future (for example: "Introductory Sale, Now \$69, will be \$90"), unless:

- a) the future price takes effect within a reasonable time after the introductory offer or price comparison is published; and
- b) the product's future price is, subsequent to the end of an introductory sale, properly established as the seller's former (regular) price in accordance with Section 470.220 of this Part.

Section 470.240 Range of Savings or Price Comparison Claims

It is an unfair or deceptive act to state or imply that any products are being offered for sale at a range of prices or at a range of percentage or fractional discounts (for example: "Save from 10% to 50% Off") unless the highest price or lowest discount in the range is clearly and conspicuously disclosed in the advertisement and a reasonable number of these items in the advertisement are offered with at least the largest advertised discount. If at least 5% of the items in the advertisement are offered with at least the largest advertised discount it shall create a rebuttable presumption that a reasonable number were offered with at least the largest advertised discount.

Section 470.250 Use of "List Price" or Similar Comparisons

It is an unfair and deceptive act to claim an actual savings from a "list price", "manufacturer's suggested retail price", or term of similar meaning unless the "list price" is the price at which the product is offered by a reasonable number of sellers in the

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seller's trade area (for example: "List Price \$99, our price \$69, save \$30.00"). However, a seller may reference a list price in relation to its regular price as long as no savings are claimed and the seller discloses that the list price may not necessarily be the price at which the product is sold in the trade area.

Section 470.260 Comparison to Other Sellers' Price for Identical Product

It is an unfair or deceptive act for a seller to compare his price with a price currently being offered by another seller for an identical product (for example: "Sold elsewhere for \$99, our price \$69") unless the stated higher comparative price is at or below the price at which the identical product is currently being offered in the sellers' trade area by:

- a) a reasonable number of other sellers in the same trade area; or
- b) another seller(s) is specifically identified in the advertisement.

Section 470.270 Comparison to Sellers' Own or Other Sellers' Price for Comparable Product

It is an unfair or deceptive act for a seller to compare his price with the price at which he or any other seller is offering a comparable product (for example: "\$69, compare at \$99", "Comparable value \$99") unless:

- a) The comparable product is currently being offered at the stated higher comparative price by the seller or by a reasonable number of other sellers in the sellers' trade area or another seller(s) specifically named in the ad; and
- b) There are no substantial differences in quality, grade, materials, or craftsmanship between the comparable product and the product offered by the seller; and
- c) If the comparable product is sold by the seller, the comparative price is determined in accordance with Section 470.220 of this Part.

Section 470.280 Use of Terms "Two for Price of One", "Buy One, Get One Free"

It is an unfair or deceptive act for a seller to state or imply that products are being offered at the usual price of a smaller number of the same or a different product (for example, "Four

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pillows for the price of three" or "buy one pair of shoes, second pair free") unless:

- a) The seller clearly and conspicuously discloses all material conditions which are imposed on the sale; and
- b) The price indicated by the seller as its usual and customary price for the smaller number of products is the sellers' own former (regular) price for such products as determined in accordance with Section 470.220 of this Part.

Section 470.290 Use of "Sale" Terminology
Where a direct price comparison is not utilized as provided elsewhere in this Part, it is an unfair or deceptive act for a seller to use such terminology as "sale", "sale prices" "Now only \$____" or other words and phrases that imply a price savings unless the price of the product is reduced by a reasonable amount from the product's former (regular) price as determined in accordance with Section 470.220 of this Part. If the seller reduces the price by 5% or more a rebuttable presumption shall exist that the price reduction was of a reasonable amount. However, the term "sale" can be used in an advertisement where not all items are offered at a reduction to regular price if such items are clearly identified.

SUBPART C: AVAILABILITY OF ADVERTISED MERCHANDISE

Section 470.310 Customer Demand

It is an unfair or deceptive act for a seller to advertise any product for sale when the seller does not have that product in stock in sufficient quantities to meet reasonably anticipated customer demand during the effective period of the advertisement, except where:

- a) The seller clearly and conspicuously discloses in its advertisement that quantities are limited or that restrictions apply to the advertised offer; or
- b) Conditions beyond the seller's control (i.e. bankruptcy of source, labor stoppage, Act of God, etc.) interrupted the supply of the product; or
- c) The seller has, in good faith, ordered the product in adequate time for delivery and in sufficient quantity to satisfy reasonably anticipated consumer demand, and the seller has maintained sufficient records to substantiate such orders; or

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- d) The seller tenders a raincheck entitling prospective purchasers to buy the advertised product at the advertised price and redeems the raincheck within a reasonable time after the issuance thereof; or
- e) The seller offers prospective customers a product of an equal or greater value at the same price which is acceptable to a reasonable consumer or is of a lesser value at the same dollar or percentage savings.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENT

- 1) The Heading of the Part: Pay Plan
- 2) The Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers: Adopted Action:
310. App. A, Tab. F Amended
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 127, par. 63b108a(2)
- 5) Effective Date of Amendment: June 28, 1989
- 6) Does this rulemaking contain an automatic repeal date? Yes ☒ No ☐
If "yes", please specify date:
- 7) Does this amendment contain incorporation by reference? No
If "yes", was a copy of the approval form issued by JCAR attached to this rulemaking?

This amendment does not contain any incorporations by reference.

- 8) Date filed in Agency's Principal Office: June 28, 1989
- 9) Notice of Proposal Published in Illinois Register:
March 10, 1989; Issue #10, 13 Ill. Reg. 2892

- 10) Has JCAR issued a Statement of Objections to this rule? No
If answer is "yes", please complete the following:

- A) Statement of Objection: (Issue Date) _____ Ill. Reg. _____
- B) Agency Response: (Issue Date) _____ Ill. Reg. _____

- C) Date Agency Response Submitted for Approval to JCAR: _____

- 11) Difference between proposal and final version:

Under A, a comma was placed between Kendall and Lake; a period after "Admin."; and the second word "Worker" in the title Highway Maint. Lead Worker (Lead Lead Worker) was abbreviated "Wkr".

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENT

- 13) Will this Amendment replace an emergency amendment currently in effect?

No

- 14) Are there any amendments pending to this part? Yes

Section Numbers	Proposed Action	Ill. Reg. Citation
310.230	Amended	13 Ill. Reg. _____
310.290	Amended	13 Ill. Reg. _____
310. App. A, Tab. A	Amended	13 Ill. Reg. _____
310. App. A, Tab. B	Amended	13 Ill. Reg. _____

- 15) Summary and Purpose of Amendment:

Per agreement between the State of Illinois and the Illinois Conference of Teamsters effective July 1, 1986 through June 30, 1989, for employees in the position classification of Power Shovel Operator (Maintenance) in the Department of Conservation, the following negotiation changes were determined to be appropriate:

In Section 310. Appendix A, Table F, the title of Power Shovel Operator (Maintenance) was added to the RC-19 (Teamsters Local #25) Collective Bargaining Unit with the rate of \$1,968.00 (Mo.)/\$11.31 (Hr.), effective January 1, 1989. The rate increased to \$2,218.00 (Mo.)/\$12.75 (Hr.), effective April 1, 1989, and \$2,453.00 (Mo.)/\$14.10 (Hr.), effective June 1, 1989.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Name: Mr. Michael Murphy
Address: Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
Telephone: (217) 782-5601

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND

POSITION CLASSIFICATIONS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section

310.20 Policy and Responsibilities
 310.30 Jurisdiction
 310.40 Pay Schedules
 310.50 Definitions
 310.60 Conversion of Base Salary to Pay Period Units
 310.70 Conversion of Base Salary to Daily or Hourly Equivalents
 310.80 Increases in Pay
 310.90 Decreases in Pay
 310.100 Other Pay Provisions
 310.110 Implementation of Pay Plan Changes, Effective July 1, 1988
 310.120 Interpretation and Application of Pay Plan
 310.130 Effective Date
 310.140 Reinstitution of Within Grade Salary Increases
 310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, Effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section

310.205 Introduction
 310.210 Prevailing Rate
 310.220 Negotiated Rate
 310.230 Part-Time Daily or Hourly Special Services Rate
 EMERGENCY
 310.240 Hourly Rate
 310.250 Member, Patient and Inmate Rate
 310.260 Trainee Rate
 310.270 Legislated and Contracted Rate
 310.280 Designated Rate
 310.290 Out-of State or Foreign Service Rate
 EMERGENCY
 310.300 Education Rate
 310.310 Physician Specialist Rate
 310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
 310.330 Excluded Classes Rate (Repealed)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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SUBPART C: MERIT COMPENSATION SYSTEM

Section

310.410 Jurisdiction
 310.420 Objectives
 310.430 Responsibilities
 310.440 Merit Compensation Salary Schedule
 310.450 Procedures for Determining Annual Merit Increases
 310.455 Intermittent Merit Increase
 310.456 Merit Zone
 310.460 Other Pay Increases
 310.470 Adjustment
 310.480 Decreases in Pay
 310.490 Other Pay Provisions
 310.500 Definitions
 310.510 Conversion of Base Salary to Pay Period Units
 310.520 Conversion of Base Salary to Daily or Hourly Equivalents
 310.530 Implementation
 310.540 Annual Merit Increase Guidechart for Fiscal Year 1989
 310.550 Fiscal Year 1985 Pay Changes in Merit Compensation System, Effective July 1, 1984 (Repealed)

APPENDIX A Negotiated Rates Of Pay

TABLE A HR-190 (Department of Central Management Services -- State of Illinois Building -- SEIU)
 TABLE B HR-200 (Department of Labor -- Chicago, Illinois -- SEIU)
 TABLE C RC-069 (Firefighters, AFSCME)
 TABLE D HR-001 (Teamsters Local #726)
 TABLE E RC-020 (Teamsters Local #330)
 TABLE F RC-019 (Teamsters Local #25)
 TABLE G RC-045 (Automotive Mechanics, ISEA)
 TABLE H RC-006 (Corrections Employees, AFSCME)
 TABLE I RC-009 (Institutional Employees, AFSCME)
 TABLE J RC-014 (Clerical Employees, AFSCME)
 TABLE K RC-023 (Registered Nurses, INA)
 TABLE L VR-004 (Illinois State Treasurer's Office Employees, Teamsters and IFT)
 TABLE M RC-027 (Educators, AFSCME) (Repealed)
 TABLE N RC-027 (Physician Rates, AFSCME) (Repealed)
 TABLE O RC-028 (Paraprofessional Human Services Employees, AFSCME)
 TABLE P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, ISEA)
 TABLE Q RC-033 (Meat Inspectors, ISEA)
 TABLE R RC-042 (Residual Maintenance Workers, AFSCME)
 TABLE S HR-012 (Fair Employment Practices Employees, SEIU)
 TABLE T HR-010 (Teachers of Deaf, IFT)
 TABLE U HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
 TABLE V CU-500 (Corrections, Meet and Confer Employees)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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TABLE W	RC-062 (Technical Employees, AFSCME)
TABLE X	RC-063 (Professional Employees, AFSCME)
TABLE Y	RC-063 (Educators, AFSCME)
TABLE Z	RC-063 (Physicians, AFSCME)
APPENDIX B	Schedule of Salary Grades -- Monthly and Annual Rates of Pay
APPENDIX C	Physician Administrator Rates and Medical Facilities
APPENDIX D	Administrator Rates for Fiscal Year 1989
APPENDIX E	Merit Compensation System Salary Schedule for Fiscal Year 1989
APPENDIX F	Teaching Salary Schedule (Repealed)
APPENDIX G	Physician and Physician Specialist Salary Schedule (Repealed)

AUTHORITY: Implementing and authorized by Section 8a(2) of the Personnel Code (Ill. Rev. Stat. 1987, ch. 127, par. 63b108a(2)).

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984; for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days;

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peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 11451, effective June 28, 1989.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENT

Section 310. TABLE F RC-019 (Teamsters Local #25)

- A) Department of Transportation - Division of Highways - Downstate - (All Counties Other Than Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry and Will)

	Oct. 1, 1986	July 1, 1987
	Mo.	Mo.
	Hr.	Hr.
Bridge Mechanic	\$2231	\$2366
Bridge Tender	2055	2165
Deck Hand	2028	2138
Ferry Operator I	2228	2363
Ferry Operator II	2278	2413
Guard I	2037	2112
(incl. Off. of Admin.)		
Guard II	2085	2160
(incl. Off. of Admin.)		
Highway Maint Equip Opr.	2223	2333
Highway Maint Lead Worker	2352	2462
Highway Maint Lead Worker (Lead Lead Worker)	2377	2512
Highway Maintainer	2223	2333
Janitor I	2010	2085
(incl. Off. of Admin.)		
Janitor II	2041	2116
(incl. Off. of Admin.)		
Laborer (Maintenance)	2131	2241
Labor Maint Lead Worker	2187	2297
Maintenance Worker	2167	2277
(incl. Off. of Admin.)		
Power Shovel Operator (Maint.)	2223	2333
Silk Screen Operator	2277	2387

	July 1, 1988
	Mo.
	Hr.
Bridge Mechanic	\$2486
Bridge Tender	2285
Deck Hand	2258
Ferry Operator I	2483
Ferry Operator II	2533
Guard I	2187
(incl. Off. of Admin.)	
Guard II	2235
(incl. Off. of Admin.)	
Highway Maint Equip Opr.	2453
Highway Maint Lead Worker	2582
Highway Maint Lead Worker (Lead Lead Worker)	2632

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Highway Maintainer	2453	14.10
Janitor I	2160	12.41
(incl. Off. of Admin.)		
Janitor II	2191	12.59
(incl. Off. of Admin.)		
Laborer (Maintenance)	2361	13.57
Labor Maint Lead Worker	2417	13.89
Maintenance Worker	2397	13.78
(incl. Off. of Admin.)		
Power Shovel Operator (Maint.)	2453	14.10
Silk Screen Operator	2507	14.41

- B) Department of Central Management Services - Division of Vehicles - Downstate - (All Counties Other Than Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry and Will)

	Oct. 1, 1986	July 1, 1987
	Mo.	Mo.
	Hr.	Hr.
Guard I	\$2037	\$2112
Guard II	2085	2160
Janitor I	2010	2085
Janitor II	2041	2116
Maint Equip Opr (all Div.)	2223	2333
Maintenance Worker	2167	2277

	July 1, 1988
	Mo.
	Hr.
Guard I	\$2187
Guard II	2235
Janitor I	2160
Janitor II	2191
Maint Equip Opr (all Div.)	2453
Maintenance Worker	2397

- C) Department of Mental Health/Developmental Disabilities - Lincoln State School

	Oct. 1, 1986	July 1, 1987
	Mo.	Mo.
	Hr.	Hr.
Laborer (Maintenance)	\$2131	\$2241

	July 1, 1988
	Mo.
	Hr.
Laborer (Maintenance)	\$2361

- D) Departments of Children and Family Services, Corrections, Labor, Law Enforcement, State Police, Mental Health/Developmental Disabilities, Public Aid, Rehabilitation Services, Veterans' Affairs - Downstate - (All Counties Other Than Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry and Will)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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McHenry and Will)

Maintenance Equip. Opr. Oct. 1, 1986 July 1, 1987
Mo. Hr. Mo. Hr.
\$2223 \$12.78 \$2333 \$13.41

Maintenance Equip. Opr. July 1, 1988
Mo. Hr.
\$2453 \$14.10

E) Department of Transportation - Division of Highways - Emergency Patrol
- District #8

Highway Maint. Equip. Opr. Oct. 1, 1986 July 1, 1987
Mo. Hr. Mo. Hr.
\$2298 \$13.21 \$2408 \$13.84
Highway Maint. Lead Worker 2427 13.95 2537 14.58

Highway Maint. Equip. Opr. July 1, 1988
Mo. Hr.
\$2528 \$14.53
Highway Maint. Lead Worker 2657 15.27

F) Department of Conservation

Power Shovel Operator (Maint.) Jan. 1, 1989
Mo. Hr.
\$1968 \$11.31

Power Shovel Operator (Maint.) April 1, 1989
Mo. Hr.
\$2218 \$12.75

Power Shovel Operator (Maint.) June 1, 1989
Mo. Hr.
\$2453 \$14.10

(Source: Amended at 13 Ill. Reg. 11451, effective June 28, 1989)

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

1) The Heading of the Part: Fees and Taxes

2) Code Citation: 92 Ill. Adm. Code 1205

3) Section Numbers: Adopted Action:
1205.10 Amendment

4) Statutory Authority: Implementing Sections 18c-1202(9), 18c-1501, 18c-1502, and 18c-5102 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 18c-1202(9), 18c-1501, 18c-1502 and 18c-5102).

5) Effective Date of Amendment: July 1, 1989

6) Does this rulemaking contain an automatic repeal date? No.

7) Does this amendment contain incorporations by reference? No.

8) Date Filed in Agency's Principal Office: June 21, 1989

9) Notice of Proposal in Illinois Register:

February 10, 1989, 13 Ill. Reg. 1665

10) Has JCAR issued a Statement of Objection to this amendment?
Yes.

A) Statement of Objection: June 23, 1989, 13 Ill. Reg. 9597.

B) Agency Response: , Ill. Reg. .

C) Date Agency Response Submitted for Approval to JCAR:
June 27, 1989

11) Differences between proposal and final version: None.

12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? None required.

13) Will this amendment replace an emergency amendment currently in effect? No.

ILLINOIS COMMERCE COMMISSION

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- 14) Are there any amendments pending on this Part? No.
- 15) Summary and Purpose of Amendment: This amendment reduces the filing fee for petitions to restate commodity descriptions.
- 16) Information and questions regarding this adopted amendment shall be directed to:

Conrad Rubinkowski
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62706
(217)785-3922

The full text of Adopted Amendment begins on the next page.

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER III: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER a: COMMERCIAL TRANSPORTATION GENERALLY

PART 1205
FEES AND TAXES

SUBPART A: FILING FEES

Section
1205.10 Filing Fees
1205.20 Late-Filing Fees

SUBPART B: FRANCHISE AND FRANCHISE RENEWAL FEES

Section
1205.100 Intrastate Motor Carriers of Property
1205.110 Interstate Motor Carriers of Property
1205.115 Ordering Fees

SUBPART C: GROSS RECEIPTS TAXES

Section
1205.200 Gross Receipts Taxes for Motor Carriers of Passengers
1205.210 Gross Receipts Taxes for Rail Carriers
1205.220 Gross Receipts Taxes for Common Carrier Pipelines

SUBPART D: PAYMENT PROCEDURES

Section
1205.300 Payment of Fees

AUTHORITY: Implementing Sections 18c-1202(9), 18c-1501, 18c-1502, and 18c-5102 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 18c-1202(9), 18c-1501, 18c-1502, and 18c-5102).

SOURCE: Emergency rules adopted at 11 Ill. Reg. 1497, effective January 1, 1987, for a maximum of 150 days; adopted at 11 Ill. Reg. 9853, effective May 8, 1987; amended at 12 Ill. Reg. 15540, effective October 1, 1988; amended at 13 Ill. Reg. 11460, effective July 1, 1989.

NOTE: Capitalization denotes statutory language.

ILLINOIS COMMERCE COMMISSION

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SUBPART A: FILING FEES

Section 1205.10 Filing Fees

Filing fees for proceedings under the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 18c-1101 et seq.) shall be as follows:

- a) Motor carrier of property license applications
 - 1) Applications for new licenses
 - A) Applications for temporary authority \$300
 - B) Applications for emergency temporary authority \$300
 - C) Other applications for new licenses (less than general commodity) \$600
 - D) General commodity applications (common or contract) \$900
 - 2) Applications for extended licenses
 - A) For temporary authority \$300
 - B) For emergency temporary authority \$300
 - C) Other applications for extended licenses \$600
 - 3) Applications to transfer licenses
 - A) Transfers under Section 18c-4306 of the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 18c-4306) \$300
 - B) Other applications to transfer licenses \$600
 - 4) Applications to reinstate a suspended or revoked license \$600

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- 5) Petitions to reinstate a vacated license
 - A) For a vacated new license \$600
 - B) For a vacated transferred license \$600
 - C) For a vacated extended license \$600
- 6) Applications for new or extended non-relocation towing licenses \$600
- b) Petitions to restate commodity descriptions ~~\$250~~
\$ 25
- c) Petitions for certificates of exemption \$600
- d) Rate filings
 - 1) Rates which must be filed but for which no order authorizing the rate is required \$ 0
 - 2) Applications for authority to establish a rate other than by special permission and not including applications for authority to establish a released value rate \$300
- 3) Applications for authority to establish a released value rate \$ 75
- 4) Special permission applications \$ 75
- e) Applications to register as an interstate motor carrier of property
 - 1) Applications to register as an authorized interstate motor carrier of property \$ 25
 - 2) Applications to register as an exempt interstate motor carrier of property \$ 25
- f) Motor carrier of property equipment lease filing \$ 25

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- g) Motor carrier of property annual report and tariff auditing fee (due by May 15 of each year) \$ 30
- h) Motor carrier of property proof of insurance coverage filing \$ 25
- i) Interstate motor carrier of passengers registration \$ 25
- j) Broker's license applications \$600
- 1) Applications for broker's license \$300
- 2) Applications to transfer broker's license \$ 25
- k) Intervention per intervenor \$ 25

(Source: Amended at Ill. Reg. 11460, effective July 1, 1989)

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- 1) The Heading of the Part: Investigation and Suspension of Rates
- 2) Code Citation: 92 Ill. Adm. Code 1206
- 3) Section Numbers: Adopted Action:
1206.20 Amendment
- 4) Statutory Authority: Implementing Section 18c-3204 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 18c-3204 and 18c-1202(9)).
- 5) Effective Date of Amendment: July 1, 1989
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this amendment contain incorporations by reference? No.
- 8) Date Filed in Agency's Principal Office: June 21, 1989
- 9) Notice of Proposal in Illinois Register:
February 10, 1989, 13 Ill. Reg. 1671
- 10) Has JCAR issued a Statement of Objection to this amendment? No.
- 11) Differences between proposal and final version: Section 1206.20(d)(1)(A): "The Commission will order. . .carrier)" added.
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes required.
- 13) Will this amendment replace an emergency amendment currently in effect? No.
- 14) Are there any amendments pending on this Part? No.
- 15) Summary and Purpose of Amendment: This amendment, in conjunction with the adopted amendment of 92 Ill. Adm. Code 1225, is designed to enhance the ability of Illinois intrastate motor carriers to compete with interstate carriers

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NOTICE OF ADOPTED AMENDMENT

operating under current Interstate Commerce Commission requirements for 7 working days' notice for rate increases and 1 working day's notice for rate reductions. The amendment to Part 1206 adjusts the times for filing of petitions to investigate and suspend rates to correspond to the amendment in Part 1225.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Conrad Rubinkowski
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62706
(217)785-3922

The full text of Adopted Amendment begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER III: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER a: COMMERCIAL TRANSPORTATION GENERALLY

PART 1206
INVESTIGATION AND SUSPENSION OF RATES

Section
1206.10

Application of Part to Motor Carrier, Rail & Pipeline Rates

1206.20 Rate Proceedings

1206.30 Burden of Proof

AUTHORITY: Implementing Section 18c-3204 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 18c-3204 and 18c-1202(9)).

SOURCE: Adopted at 11 Ill. Reg. 16484, effective October 1, 1987; amended at 12 Ill. Reg. 6089, effective April 1, 1988; amended at 13 Ill. Reg. 11466, effective July 1, 1989.

NOTE: Statutory language is denoted by capital letters.

Section 1206.20 Rate Proceedings

- a) General Requirements. Any person may challenge a rate filed with the Commission by filing with the Commission a complaint identifying the rate, stating the relief sought, and stating grounds for the granting of such relief.

b) Complaint designation

- 1) A complaint referring to a rate that has been filed with the Commission but is not yet effective shall be styled a "petition to investigate and suspend."
- 2) A complaint referring to a rate that is on file with the Commission and is effective shall be styled a "rate complaint."
- 3) A "petition to investigate and suspend" which is filed after the deadline for filing such petitions shall be treated as a "rate complaint."

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- B). Replies to petitions for investigation (but not suspension) must be filed and served not later than the 15th calendar day after the petition for investigation was filed.
- C) Replies to rate complaints must be filed and served not later than the 15th calendar day after the rate complaint was filed.
- 3) All petitions or rate complaints and all replies must be filed with the Commission at its office in Springfield.
- 4) Copies of petitions or rate complaints must be simultaneously served upon the publishing carrier or agent.
- 5) Copies of replies must simultaneously be served upon the person who filed the petition or rate complaint.
- 6) Telegraphic protests may be filed with the Commission provided that:
- A) service is made, in the same manner, on the proponent of the rate(s); and
- B) a written protest is filed within 5 calendar days after the telegraphic protest is filed.
- e) All rate proceedings will be governed by the Commission's Rules of Practice (83 Ill. Adm. Code 200).
- (Source: Amended at 13 Ill. Reg. 11466, effective July 1, 1989)

- 4) A "petition to investigate (but not to suspend)" shall be treated as a "rate complaint."
- c) Identification of the Challenged Rate. A complaint must identify the challenged rate by reference to:
- 1) The name of the publishing carrier or agent;
- 2) The title and number of the tariff or schedule involved; and
- 3) The specific items or particular provisions complained of.
- d) Filing and Service of Complaints and Replies.
- 1) Petitions which request investigation and suspension of a rate must be filed at least 20 5 calendar days before the effective date of the rate, subject to the following:
- A) The effective date of the rate under protest (complaint) shall, unless otherwise ordered by the Commission, be automatically postponed for 30 calendar days by the proponent carrier by issuance of a postponement supplement. Failure to postpone will result in rejection by the Commission. The Commission will order a rate to go into effect on the listed effective date if the petition requesting investigation and suspension is invalid on its face for failure to comply with other provisions of this Part (for example, petition is not timely filed or the protestant did not serve a copy on the proponent carrier).
- B) The postponement supplement title page shall show the following statement: "Issued on one (1) day's notice as authorized by 92 Ill. Adm. Code 1206.20(d)(1)(A)."

- 2) Replies
- A) Replies to petitions for investigation and suspension of a rate must be filed and served at least 10 calendar days prior to the postponed effective date of the rate.

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- 1) The Heading of the Part: Publication, Posting and Filing of Tariffs, Contracts, Schedules and Related Documents
- 2) Code Citation: 92 Ill. Adm. Code 1225
- 3) Section Numbers: Adopted Action:
1225.45 Amendment
- 4) Statutory Authority: Implementing Section 18c-3203 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 18c-3203 and 18c-5102).
- 5) Effective Date of Amendment: July 1, 1989
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this amendment contain incorporations by reference? No.
- 8) Date Filed in Agency's Principal Office: June 21, 1989
- 9) Notice of Proposal in Illinois Register:
February 10, 1989, 13 Ill. Reg. 1676
- 10) Has JCAR issued a Statement of Objection to this amendment?
No.
- 11) Differences between proposal and final version: None.
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes required.
- 13) Will this amendment replace an emergency amendment currently in effect? No.
- 14) Are there any amendments pending on this Part? No.
- 15) Summary and Purpose of Amendment: This amendment, in conjunction with the adopted amendment to 92 Ill. Adm. Code 1206, is designed to enhance the ability of Illinois intrastate motor carriers to compete with interstate carriers operating under current Interstate Commerce Commission requirements for 7 working days' notice for rate increases.

and 1 working day's notice for rate reductions. The amendment to Part 1206 adjusts the time for filing of petitions to investigate and suspend rates to correspond to the amendment in Part 1225.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Conrad Rubinkowski
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62706
(217)785-3922

The full text of Adopted Amendment begins on the next page:

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ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

NOTICE OF ADOPTED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER III: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER a: COMMERCIAL TRANSPORTATION GENERALLY

PART 1225

PUBLICATION, POSTING AND FILING OF TARIFFS, CONTRACTS,
SCHEDULES AND RELATED DOCUMENTS

SUBPART A: GENERAL PROVISIONS

Section

- 1225.5 Definitions
- 1225.10 Introduction and General Provisions
- 1225.15 Applications for Special Permission
- 1225.20 Marking of Tariff Packages
- 1225.25 Number of Copies for Filing
- 1225.30 Letters of Transmittal
- 1225.35 Tariff Publications Not Consecutively Numbered or Lettered
- 1225.40 Concurrences and Powers of Attorney
- 1225.45 Period of Notice Required
- 1225.50 Return or Rejection of Tariffs
- 1225.55 Posting Requirements
- 1225.65 Form and Printing of Tariffs and Other Documents
- 1225.70 ILCC Tariff Designations
- 1225.75 Tariff Number of Rejected Tariffs
- 1225.80 Codes for Identification of Places
- 1225.85 Compliance Dates

SUBPART B: POWERS OF ATTORNEY, CONCURRENCES, TRANSFER OF AGENT

Section

- 1225.100 Scope of Subpart B
- 1225.105 Powers of Attorney
- 1225.110 Concurrences
- 1225.115 Transfer of Authority From One Agent to Another
- 1225.120 Take-over Publications

SUBPART C: POWERS OF ATTORNEY, CONCURRENCES, AND TRANSFER OF AGENT FOR MOTOR CARRIERS OF PROPERTY

Section

- 1225.200 Scope of Subpart C
- 1225.205 Forms and Extent of Powers of Attorney
- 1225.210 Forms and Extent of Concurrences
- 1225.215 Exact Name of Carrier Must be Shown; What Individual May Sign Instrument
- 1225.220 Official or Employee May Not Act as Agent
- 1225.225 Corporation as Agent

- 1225.230 Specifications of Forms
- 1225.235 Distribution of Copies
- 1225.240 Conflicting Authority Must Be Avoided
- 1225.245 Alternate Agent
- 1225.250 Transfer of Authority from One Agent to Another Agent - Death or Disability of Agent
- 1225.255 Take-over Publications - Motor Carriers
- 1225.260 Supplement (or Loose-leaf Pages) to be Shown in Series of Former Agent
- 1225.265 Series Used by New or Alternate Agent
- 1225.270 Cancellation of Instruments
- 1225.275 Revocation of Instruments

SUBPART D: JOINT TARIFFS

Section

- 1225.300 Tariffs Issued by Joint Agents Not Applicable to Contract Carriers

SUBPART E: TARIFF GENERAL REQUIREMENTS

Section

- 1225.400 Title Page of Original Tariffs
- 1225.405 Contents of Tariff

SUBPART F: STATEMENT OF RATES AND FARES

Section

- 1225.500 Statement of Rates and Fares
- 1225.505 Arbitraries
- 1225.510 Class Rates
- 1225.515 Alternation and Precedence of Rates and Maximum Charges

- 1225.520 Mixed Shipments

- 1225.525 Commodity Rates

- 1225.535 Reference to Items or Lists for Commodities or Descriptions

- 1225.540 Application of Aggregate of Intermediate Rates and Combination Rates

- 1225.545 Proportional Rates

- 1225.550 Tank-line Gauge Books and Equipment Register

- 1225.555 Reference Prohibition

SUBPART G: ROUTING (NOT APPLICABLE TO MOTOR CARRIERS OF PROPERTY)

Section

- 1225.600 Inapplicability to Motor Carriers of Property
- 1225.601 Routing to be Specified
- 1225.605 Open Routing

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1225.610 Where to Publish Routes
 1225.615 Notations in Tariff Publications
 1225.620 Number of Routing Guides
 1225.625 Combined Routing Guide/Participating Carrier Tariff
 1225.630 Emergency Routing Clause
 1225.635 Cancellation of Joint Rail Rates, Routes or Surcharges

SUBPART H: SECTIONAL TARIFFS

Section
 1225.700 Sectional Tariffs

SUBPART I: AMENDMENTS

Section
 1225.800 Amendments and Supplements
 1225.805 Lists of Participating Carriers
 1225.810 Amendments to Bound Tariffs
 1225.815 Amendments to Loose-leaf Tariffs
 1225.820 Reinstatement of Canceled or Expired Provisions
 1225.825 Changes Are to be Indicated
 1225.830 Reissued Matter
 1225.835 Changes in the Explanation of Reference Marks and Notes

1225.840 Matter Issued Under Decision or Other Authority
 1225.850 Rail Inflation-Based Rate Increases
 1225.855 Supplements to Transfer Rate Changes from Master Tariffs or Conversion or Percentage Supplements Into Base Rates

SUBPART J: SUPPLEMENTS

Section
 1225.900 Changing Provisions of a Bound Tariff
 1225.905 Designation and Title Page Requirements
 1225.910 Reference Marks
 1225.915 Updated List of Items and Units in Effective Supplements
 1225.920 Number of Supplements, Pages Permitted, and Duration of Tariffs
 1225.925 Bridge Supplements
 1225.930 Blanket Supplements
 1225.935 Percentage and Conversion Supplements

SUBPART K: CANCELLATION OF TARIFF AND TRANSFER OF PROVISIONS

Section
 1225.1000 Cancellation of an Entire Tariff
 1225.1005 Cancellation of Part of a Tariff

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SUBPART L: TRANSFER OF OPERATIONS - CHANGE IN NAME, OWNERSHIP, OR CONTROL

Section
 1225.1100 General Provisions of Subpart L
 1225.1105 Purpose of Adoption Notices
 1225.1110 When Adoption Notice Only is Required
 1225.1115 Form of Adoption Notice
 1225.1130 ILICC Designation to be Used
 1225.1135 Effective Date of Adoption Publications
 1225.1140 When Name of Old Carrier Need Not Be Shown
 1225.1145 Temporary Control
 1225.1150 Fiduciaries
 1225.1155 Tariffs or Schedules, Concurrences, Powers of Attorney, Contracts, and Special Permissions
 1225.1160 Tariffs Issued by Other Carriers or by Agents
 1225.1165 Cancellation of Provisions in Partially Adopted Tariffs
 1225.1170 Reservation of Supplement Numbers for New Carrier's Use
 1225.1175 Subsequent Supplements or Loose-leaf Pages
 1225.1180 Describe Former Tariffs When Canceling
 1225.1185 Adoption Supplements Are Non-counting

SUBPART M: SUSPENDED MATTER

Section
 1225.1200 Effect of Suspension
 1225.1205 Supplement Required for Suspensions
 1225.1210 Contents of Supplement
 1225.1215 Additional Requirements for Consolidated Supplements
 1225.1220 Additional Requirements for Separate Suspension Supplements
 1225.1225 Extension of Suspension Period
 1225.1230 Suspended Matter Reissued Prior to Notice
 1225.1235 Changed Suspended Matter
 1225.1240 Reissuing Suspended Matter After Notice
 1225.1245 Postponement of Suspended Matter
 1225.1250 Changes and Cancellation During the Suspension Period
 1225.1255 Commission Vacates Suspension or Finds Suspended Matter Justified
 1225.1260 Suspended Matter Ordered Canceled
 1225.1265 Exemption from Volume Restrictions
 1225.1270 Reference to Commission Suspension Decisions
 1225.1275 Court Orders

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SUBPART N: COMMISSION PRESCRIPTION OF PUBLICATION

Section 1225.1300 Rates or Other Provisions Prescribed By the Commission

SUBPART O: EXPIRATION DATES

Section 1225.1400 How and When Expiration Dates Are to be Shown
1225.1405 Extension of Expiration Dates

SUBPART P: OPERATING AUTHORITY DESCRIPTIONS

Section 1225.1500 Tariffs Listing Carriers' Operating Authority Applicable to Motor Carriers of Property

SUBPART Q: PARTICIPATING CARRIER TARIFFS

Section 1225.1600 Separate Tariffs May Be Filed By Agents
1225.1605 List of Carriers
1225.1610 List of Tariffs
1225.1615 Cancellation of Participating Carriers
1225.1620 Reinstatement of Participating Carriers
1225.1625 Adoptions
1225.1630 Participating Carrier Tariff May Include Other Provisions

SUBPART R: RATE BASIS TARIFFS

Section 1225.1700 Separate Tariffs May Be Filed
1225.1705 Points and Rate Group or Basis to be Listed
1225.1710 Arbitraries or Differentials

SUBPART S: MISCELLANEOUS TARIFFS

Section 1225.1800 Classification Tariffs
1225.1805 Exceptions Tariff
1225.1810 Rules Tariffs
1225.1815 Dangerous Articles Tariffs
1225.1820 Participation in Governing Publications
1225.1825 List of Stations Showing Facilities, Additions and Abandonments

SUBPART T: ACCESSORIAL, TERMINAL AND OTHER SERVICES

Section 1225.1900 General Rules
1225.1905 Method of Publication
1225.1910 Pickup and Delivery Service
1225.1915 Switching Charges

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SUBPART U: RELEASED RATE PROVISIONS

Section 1225.2000 Rates and Liability Based On Value Provisions

SUBPART V: DISTANCE RATES

Section 1225.2100 Distance Rates May Be Filed
1225.2105 Method of Showing Distances
1225.2110 Determination of Distances

SUBPART W: COMMODITY RATES

Section 1225.2200 Commodity Rates Determined by the Use of Rate Base Numbers - Common Carriers of Property

SUBPART X: APPLICATION OF RATES FROM OR TO INTERMEDIATE POINTS

Section 1225.2300 Scope of Subpart X
1225.2305 Intermediate Application of Rates
1225.2310 Rules Under This Subpart Must Be Complete
1225.2315 Intermediate Point Rules to be Published in Connection with Regular-route Authority

SUBPART Y: MISCELLANEOUS RATES

Section 1225.2400 Class Rates from or to Unnamed Points Applicable Only to Motor Carriers of Property
1225.2405 Continuous Service Rates
1225.2410 Time-Volume Rates
1225.2415 Unit of Time Rates

SUBPART Z: SUBSTITUTION OF SERVICE

Section 1225.2500 Scope of Subpart Z
1225.2505 Substituted Service May Be Provided
1225.2510 Service Conditions
1225.2515 Tariff Conditions for Substituted Service
1225.2520 Changes in Tariff Provisions for Substituted Service
1225.2525 Optional Honoring of Ticket Arrangements

SUBPART AA: MISCELLANEOUS PROVISIONS WHICH MAY BE FILED ON LESS THAN STATUTORY NOTICE

Section 1225.2600 Restorations of Carrier Participation

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1225.2605 Amendment of Participating Carrier List in a
Classification or Dangerous Articles Tariff
1225.2610 Extension of Expiration Dates or Postponement of
Effective Dates of Comeback Provisions
1225.2615 Effective Dates Under This Subpart
1225.2620 Round Trip Excursion Fares

SUBPART BB: CLAIMS RULES

Section
1225.2700 Claims Rules

SUBPART CC: CONTRACTS AND SCHEDULES OF MOTOR CONTRACT CARRIERS
OF PROPERTY

Section
1225.2800 Contracts to be Filed
1225.2805 Schedules to be Filed
1225.2810 Publication of Schedules
1225.2815 Contents of Schedules
1225.2820 Prohibition of Filing and Publication
1225.2825 Adoption of Other Rate Publications by Joinder
1225.2830 Confidentiality of Contract

EXHIBIT A Notice of Increased Fares for Regular Route Service
TABLE A Rail Tariff Items and Titles
TABLE B Motor Carrier Tariff Items and Titles
TABLE C Abbreviations

AUTHORITY: Implementing Section 18c-3203 and authorized by
Section 18c-1202(9) of the Illinois Commercial Transportation Law
(Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 18c-3203 and
18c-1202(9)).

SOURCE: Adopted at 11 Ill. Reg. 17593, effective October 15,
1987; amended at 13 Ill. Reg. 11471, effective July 1, 1989.

Section 1225.45 Period of Notice Required

a) For railroad tariffs.

- 1) Twenty days for rates or provisions published in
connection with new service or changes resulting in
increased rates or decreased value of service;
- 2) Ten days for changes resulting in decreased rates
or charges or changes resulting in neither
increases nor reductions;

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3) Forty-five days for publications naming surcharges
or canceling joint rates under 49 U.S.C.
10705a7.

b) Fifteen calendar days for motor carriers of property.

cb) Thirty days for all other carriers.

de) Numerous exceptions authorizing shorter notice
are contained in these rules, and special
permission for shorter notice may also be
requested in accordance with Section 1225.15.

(Source: Amended at 13 Ill. Reg. 11471, effective July 1, 1989)

11482 89 ILLINOIS REGISTER
STATE BOARD OF EDUCATION
NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: Educational Service Centers
- 2) Code Citation: 23 Ill. Adm. Code 500
- 3) Section Numbers:
500.20
500.50
500.120
- Adopted Action:
Amendment
Amendment
New Section
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 122, par. 2-3.62
- 5) Effective Date of Amendments: July 3, 1989
- 6) Does this rulemaking contain an automatic repeal date? Yes ☐ No ☒
- 7) Does this amendment contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: July 5, 1989
- 9) Notice of Proposal Published in Illinois Register:
February 10, 1989, 13 Ill. Reg. 1730
- 10) Has JCAR issued a Statement of Objections to this (these) rule(s)? No
- 11) Difference(s) between proposal and final version:

Pursuant to discussions with the Joint Committee, the State Board of Education has agreed:

1. To insert in Section 500.50(d) in the first line, after "Services", "reviewed pursuant to Section 500.110." The Board further agreed to delete, from Section 500.50(d)(1), the phrase "are designed to" and put in after "identified" in the second line "by the Center."
2. To delete from Section 500.50(d)(2) the phrase "are designed to."
3. To delete the word "efficient" from line 2 of Section 500.50(d)(4).
4. To insert at the end of Section 500.120(a) the following:
To make these determinations:

- 1) State Board staff shall review program records at least annually; visits to districts receiving services from a particular Center will be conducted if the staff feels on-site clarification of questions arising from the documentary review is needed;

- 2) State Board staff shall visit each Center at least once every two years for the purpose of reviewing records and operations on site; and
- 3) Additional on-site visits shall be conducted as the State Board staff may deem necessary to resolve any questions arising from the documentary review.
5. To insert in Section 500.50(d)(3), the fourth line, after "standards," the phrase "and procedures."
6. To insert in the title of Section 500.120 "and Procedures."
7. To insert in the first line of Section 500.120(b), after "evaluation," "standards and."
8. To amend Section 500.120(b) to read:

Educational Service Center evaluation standards and procedures conform to the requirements of Section 500.50(d)(3) of this Part; and the report resulting from the application of these standards and procedures describes the extent to which the Center has met its objectives.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

- 13) Will this amendment replace an emergency amendment currently in effect? No

- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments:

Language has been added to Sections 500.50 and 500.120 to describe the scope and content of Educational Service Centers' programs and services, as well as the standards the State Board will use in evaluating them. These additions were required by P.A. 85-416, as was the change which appears in Section 500.20 (Governance). Language in that Section includes a direct quote from Section 2-3.62(b) of The School Code, which was amended by the legislation, thus necessitating a comparable change in the rule.

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

- 16) Information and questions regarding this adopted amendment shall be directed to:

Ray Schaijo
Illinois State Board of Education
100 North First Street
Springfield, Illinois 62777
Telephone: (217) 782-5728

The full text of the Adopted Amendments begins on the next page:

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER 1: STATE BOARD OF EDUCATION

SUBCHAPTER O: MISCELLANEOUS

PART 500

EDUCATIONAL SERVICE CENTERS

Section	
500.10	Purpose of the Educational Service Centers
500.20	Governance
500.30	Role of the Governing Board
500.40	Role of the Administrative Agent
500.50	Programs and Services to be Provided
500.60	Allocation of Funds
500.70	Areas to be Served
500.80	Fiscal Procedures
500.90	Grant Application Format
500.100	Submission of Application
500.110	Review and Approval
500.120	Program Evaluation Standards and Procedures

AUTHORITY: Implementing and authorized by Section 2-3.62 of The School Code (Ill. Rev. Stat. 1987, ch. 122, par. 2-3.62).

SOURCE: Emergency rules adopted at 9 Ill. Reg. 15949, effective October 2, 1985, for a maximum of 150 days; adopted at 10 Ill. Reg. 18726, effective October 22, 1986; amended at 13 Ill. Reg. 11481, effective 7/3/89.

NOTE: Capitalization denotes statutory language.

Section 500.20 Governance

- a) General requirements for the Governance of all Centers:

- 1) Section 2-3.62(b) of The School Code provides that "CENTERS WHICH SERVE CLASS 1 COUNTIES COUNTY SCHOOL UNITS SHALL BE GOVERNED BY AN 11-MEMBER BOARD WHICH INCLUDES BUT SHALL NOT BE LIMITED TO PUBLIC SCHOOL TEACHERS, SUPERINTENDENTS, REGIONAL SUPERINTENDENTS, SCHOOL BOARD MEMBERS AND A REPRESENTATIVE OF AN INSTITUTION OF HIGHER EDUCATION. THE MEMBERS OF THE BOARD SHALL BE APPOINTED BY THE REGIONAL SUPERINTENDENTS WHOSE SCHOOL DISTRICTS ARE SERVED BY THE EDUCATIONAL SERVICE CENTER." No more than five members of the eleven-member Governing Board may represent any single category mentioned above.

- 2) For Centers outside Cook County, except when a Center and an Educational Service Region have coterminous boundaries, neither the Administrative Agent nor an employee of the Administrative Agent may be a voting member of the Governing Board; for Centers within Cook County, except for the Center serving Chicago School District #299, no Administrative District shall have a superintendent, board member, or district employee as a voting member of the Governing Board.
- 3) The member(s) of the Governing Board who represents public school teachers, superintendents, and board members shall be selected from school districts within each Center's service area.
- 4) The member(s) of the Governing Board who represents higher education shall be selected from a public degree-granting postsecondary institution whose campus lies within the area to be served.
- 5) The member(s) of the Governing Board who does not represent, is not employed by, or is not the designee of public school teachers, superintendents, regional superintendents, school boards, or higher education must reside within the area to be served by the Center.
- 6) Terms of office for Governing Board members shall be four years, with the exception of the initial Governing Board members, whose terms shall be established as follows:
 - A) four of the eleven members shall serve four years;
 - B) four of the eleven members shall serve three years; and
 - C) three of the eleven members shall serve two years.
- 7) The method of determining a board member's initial term of office shall be established by each Center's Governing Board and shall be specified in each Center's bylaws.
- 8) The method for filling vacancies on the Governing Boards shall be determined by each Center's Governing Board and shall be specified in each Center's bylaws.
- 9) All meetings of the Centers' Governing Boards must comply with the Open Meetings Act (Ill. Rev. Stat. 1985 1987, ch. 102, par. 41 et seq.).

- b) Requirements for the Governance of Centers located within Cook County:
 - 1) Cook County, which is the only non-class I county in Illinois, will be served by four Centers whose corresponding service areas shall be known as North Cook, West Cook, South Cook, and the City of Chicago School District #299.
 - 2) The North Cook, West Cook and South Cook Centers shall each be governed by an eleven-member Governing Board which shall be appointed by a five-member selection committee comprised of district superintendents whose school district boundaries lie within the corresponding Center's service area. Each selection committee shall be elected at a meeting to be convened by the State Board of Education, whereby all district superintendents within an identified service area will be invited to attend, nominate and elect selection committee members. Nominations for selection committee members will come from the floor and only district superintendents shall be eligible nominees.
 - 3) The members of the North Cook, West Cook, and South Cook Center Governing Boards shall include but shall not be limited to public school teachers, superintendents, a regional superintendent (or designee), school board members and a representative of higher education. The Regional Superintendent (or designee) of Cook County shall be a member on each of these three governing boards.
 - 4) The City of Chicago School District #299 shall be served by a Center and shall be governed by an eleven-member board which shall be appointed by the City of Chicago School District #299 School Board.
 - 5) The members of the City of Chicago School District #299 Center's Governing Board shall include but shall not be limited to public school teachers, subdistrict superintendents, and a representative of higher education.

(Source: Amended at 13 Ill. Reg. 11481, effective 7/3/89)

Section 500.50 Programs and Services to be Provided

- a) The following programs and services shall be provided by each Educational Service Center. These programs will comprise a core of services common to all Centers, but they shall not limit the range of programs and services that may be offered by one or more Centers. The existing Gifted Area Service Centers (Ill. Rev. Stat.

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1985 1987, ch. 122, par. 14A-6) and Computer Consortia (Ill. Rev. Stat. ~~1985~~ 1987, ch. 122, par. 2-3.43) will come under the direction and supervision of their corresponding Educational Service Center Governing Boards when those Boards become operational.

b) Required Services

- 1) Education of Gifted Children as specified in Section 2-3.62 (1) of The School Code: Each Center shall provide planning, implementation, and evaluation services to classroom teachers and administrators of programs for gifted children. In addition, each Center shall provide inservice training and staff development opportunities through institutes, workshops, or individual consultations with school district staff.
- 2) Computer Technology Education as specified in Section 2-3.62(2) of The School Code: Each Center shall provide planning, implementation, and evaluation services necessary for the establishment of programs designed to achieve computer literacy and high-tech competency. Center services must include, but need not be limited to, inservice training and staff development; use, application, and evaluation of software; technical assistance; and curriculum development.
- 3) Mathematics, Science, and Reading Services as specified in Section 2-3.62(3) of The School Code: Each Center shall provide planning, implementation, and evaluation services as they relate to the continuing education, inservice training, and staff development needs of teachers and administrators in the fields of mathematics, science, and reading. Activities shall include, but need not be limited to, assisting in needs assessment activities, providing workshops and inservice training sessions, providing technical assistance, convening study or assessment groups and acting as a clearinghouse for research materials in mathematics, science, and reading.
- 4) The Centers shall provide services to school districts to assist said districts in their efforts to comply with the provisions of Sections 2-3.63 and 2-3.64 (Student Learning Objectives and Assessment Systems) and Section 10-17a (Better Schools Accountability) of The School Code. Services must include, but need not be limited to, assisting districts in the development of a local plan, receiving district applications for funds to this program, forwarding a copy of the district's application and a recommendation for action to

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the State Superintendent of Education, receiving funds from the State Superintendent of Education and disbursing said funds to school districts whose plans have been approved, and coordinating school district reporting of assessment results to the State Superintendent of Education.

- 5) The Educational Service Centers shall serve as the primary source for the delivery and coordination of the activities of the Illinois Administrators' Academy as established in Section 2-3.53 of The School Code. Among the duties performed by the Center shall be conducting regional needs assessments, scheduling and providing inservice training opportunities, acting as a clearinghouse for educational materials and research, and keeping accurate records of attendance at inservice training sessions provided under the sponsorship of the State Board of Education and/or the Center.
- 6) The Centers shall provide assistance and advice to local school districts in the development of Staff Development Plans required of school districts in Sections 2-3.59 and 2-3.60 (Staff Development) of The School Code. Activities shall include providing assistance in needs assessment and goal setting, review of all Staff Development Plans submitted by districts in the Center's service area and recommending action regarding each Plan to the State Superintendent of Education; development and submission to the State Superintendent of Education of a regional Staff Development Plan based on common components of local district plans; distribution of funds to local school districts to aid in conducting staff development programs based on approved plans; and the design of a system in which staff development opportunities are provided to school district personnel on a continuing basis.
- 7) The Centers shall participate in the development and operation of a statewide network designed to facilitate the electronic transmission of data from school districts to the State Board of Education. The primary purpose of this system will be the general reduction of local data burden.
- 8) Title II of Public Law 98-377, Education for Economic Security Act (20 U.S.C. 3961 et seq.), provides funds to strengthen the skills of teachers in mathematics, science, computer learning and foreign languages. These funds shall be used by the Centers, in addition to and in coordination with activities listed in Section 500.50(b)(3) above, to:
 - A) provide inservice training opportunities for the purpose of upgrading teacher skills in the fields of mathematics, science, foreign languages and computer learning;

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- B) act as a clearinghouse for instructional materials and information regarding equipment in these areas;
- C) coordinate and promote special projects for populations specified in Title II of Public Law 98-377, Education for Economic Security Act (20 U.S.C. 3961 et seq.); and to
- D) disseminate information relating to exemplary programs in the fields of mathematics, science, foreign languages and computer science.

c) In addition to the above prescribed programs and services, each Educational Service Center shall, upon the written direction of the State Superintendent of Education, develop a plan for the inclusion of additional programs and services in one or more of the areas authorized by Section 2-3.62 of The School Code.

d) The scope and specific content of the program of services reviewed pursuant to Section 500.110, as well as the specific planning, implementation and evaluation services required in Section 500.50(b) and (c) shall be such that:

- 1) the services address school district needs identified by the Center through analysis of data derived from a needs assessment to be conducted annually by each Center;
- 2) the services address the topics enumerated in Section 500.50(b) and (c);
- 3) the services are delineated in the funding application, to be submitted as required in Section 500.90 of this Part, which identifies goals, objectives, enabling activities, timelines for implementation, budget, and the standards and procedures by which the completion of each objective will be evaluated by the Center;
- 4) the services are delivered by means of on-site consultations, meetings, workshops, conferences, or other means; and
- 5) the costs for implementing each objective are incorporated into the Center budget pursuant to Section 500.90(g) of this Part.

(Source: Amended at 13 Ill. Reg. 11481, effective 7/3/89)

Section 500.120 Program Evaluation Standards and Procedures

The State Board of Education will annually evaluate programs that receive funds under this Part on the basis of the following standards.

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a) A review of Educational Service Center program records and operations reveals that the program complies with the provisions of Section 2-3.62 of The School Code and that it has been conducted in conformance with the provisions of the application approved by the State Superintendent of Education pursuant to Section 500.110 of this Part. To make these determinations:

- 1) State Board staff shall review each Center's program records at least annually; visits to districts receiving services from a particular Center will be conducted if the staff feels on-site clarification of questions arising from the documentary review is needed;
 - 2) State Board staff shall visit each Center at least once every two years for the purpose of reviewing records and operations on site; and
 - 3) Additional on-site visits shall be conducted as the State Board staff may deem necessary to resolve any questions arising from the documentary review.
- b) Educational Service Center evaluation standards and procedures conform to the requirements of Section 500.50(d)(3) of this Part; and the report resulting from the application of these standards and procedures describes the extent to which the Center has met its objectives.

(Source: Added at 13 Ill. Reg. 11481, effective 7/3/89)

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- 1) The Heading of the Part: Sex Equity
- 2) Code Citation: 23 Ill. Adm. Code 200
- 3) Section Numbers:
- | | |
|---------|------------------------|
| 200.10 | <u>Adopted Action:</u> |
| 200.30 | Amendment |
| 200.40 | Amendment |
| 200.80 | Amendment |
| 200.100 | Amendment |
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 122, pars. 27-1, 34-18(1)
- 5) Effective Date of Amendments: June 29, 1989
- 6) Does this rulemaking contain an automatic repeal date? — Yes ☒ No ☐
- 7) Does this amendment contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: July 5, 1989
- 9) Notice of Proposal Published in Illinois Register:
November 18, 1988, 12 Ill. Reg. 19279
- 10) Has JCAR issued a Statement of Objections to this (these) rule(s)? No
- 11) Difference(s) between proposal and final version:
Pursuant to discussions with the Joint Committee, the State Board of Education has agreed:
- 1) To add an end parenthesis to close the parenthetical "(U.S. Constitution, . . . and 34-18(1)" in the definition of "Discrimination".
 - 2) To refer to "Section 200.80(b)(1)(B)" in the reference in the parenthetical in the definition of "Disparate Interest Levels".
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this amendment replace an emergency amendment currently in effect? No

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- 14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments:

Section 200.30 (Applicability) has been revised to delete the exception of a district serving a city having a population exceeding 500,000 inhabitants. (The applicability of the State Board's rules was extended to cover the Chicago school system by P.A. 85-410, which took effect on January 1, 1988.) The change in Section 200.40(e) is also made in order to reflect the rules' broadened applicability.

Standards for athletic interest surveys have been added to Section 200.80 pursuant to discussions with the Joint Committee on Administrative Rules. They address the administration and content of the survey which districts are required to conduct at least every four years.

Other technical changes have been made in several sections to update statutory citations as applicable.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Patricia Poole
Illinois State Board of Education
Suite 14-300
100 West Randolph Street
Chicago, Illinois 60601
(312) 917-3226

The full text of the Adopted Amendments begins on the next page:

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TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER I: STATE BOARD OF EDUCATION

SUBCHAPTER e: INSTRUCTION

PART 200
SEX EQUITY

Section	Definitions
200.10	State Policy
200.20	Applicability
200.30	Administration
200.40	Treatment of Students
200.50	Educational Programs and Activities
200.60	Counseling Services
200.70	Extracurricular Programs and Activities
200.80	Compliance and Enforcement
200.90	Effects of Other Requirements
200.100	

AUTHORITY: Implementing Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Article I, Section 18 of the Illinois Constitution, and Sections 10-22.5, 27-1, and 34-18(1) of The School Code (Ill. Rev. Stat. 1987, ch. 122, pars. 10-22.5, 27-1, and 34-18(1)), and authorized by Sections 2-3.6, 27-1, and 34-18(1) of The School Code (Ill. Rev. Stat. 1987, ch. 122, pars. 2-3.6, 27-1, and 34-18(1)).

SOURCE: Adopted at 10 Ill. Reg. 18014, effective October 3, 1986; amended at 13 Ill. Reg. 11491, effective June 29, 1989.

Section 200.10 Definitions

"Comparable" means similar in quality and quantity, taking into consideration all relevant facts and circumstances.

"Contact Sports" means those sports whose purpose or major activity involves bodily contact: e.g., basketball, boxing, football, ice hockey, rugby, and wrestling.

"Counseling" means all guidance activities, personal counseling, guidance-related evaluation and testing, provision of vocational and career information and advice, scheduling assistance, and any other guidance services provided to students by any person acting under the authorization of an educational system.

"Course" means any district-sponsored class regardless of the location of class meetings, nature of instruction, or type or age of student.

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"Discrimination" means the violation of individuals' state or federal equal rights guarantees (U.S. Constitution, Amendment 14; 20 U.S.C. 1681 et seq.; Illinois Constitution, Article I, Sections 2, 18; Ill. Rev. Stat. 1985 1987, ch. 122, pars. 10-22.5, 27-1, and 34-18(1)), whether intended or unintended.

"Disparate Interest Levels" means that, according to the results of a school's written student athletics interest survey (conducted pursuant to the requirements set forth in Section 200.80(b)(1)(B)), the total number of students of one sex who wish to participate in all athletics exceeds by more than 50% the total number of students of the other sex who wish to participate in all athletics. Disparate interest levels do not in and of themselves evidence discrimination.

"Disproportionate Enrollment" means that students of one sex constitute at least 75% of a school's participants in a given program, course, or activity. Disproportionate enrollment does not in and of itself evidence discrimination.

"Educational System" means any local public education agency in its entirety, including elementary, secondary and unit districts, area vocational education centers, and special education cooperatives.

"Equal Access" means availability of opportunity without discrimination on the basis of sex, going beyond simple admission to a course or activity to include full and unrestricted participation in educational and experiential processes.

"Prime Time" means that time period which is most desirable locally for a given activity.

"Program" means a series of courses or set of activities leading toward identified educational or experiential student outcomes.

"School" means any attendance center within an educational system.

"Sex Bias" means the attribution of behaviors, abilities, interests, values and/or roles to a person or group of persons on the basis of their sex.

"Sexual Harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

"Sexual Intimidation" means any behavior, verbal or nonverbal, which has the effect of subjecting members of either sex to humiliation, embarrassment or discomfort because of their gender.

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"Significant Assistance" means the payment of dues, fees, or other remuneration in return for the provision of services or benefits, or any other collaboration that significantly facilitates the functioning of any agency, organization, or person outside an educational system.

(Source: Amended at 13 Ill. Reg. 11491, effective 6/29/89)

Section 200.30 Applicability

These rules are applicable to all public school districts, except those in a city having a population exceeding 500,000 inhabitants. A school district organized under the provisions of Article 34 of the School Code shall comply with the provisions of Section 34-18(1) concerning the promulgation of guidelines for equal access to programs supported from school district funds. Ill. Rev. Stat., ch. 122, par. 34-18(1). Nothing contained herein shall be construed as relieving such a school district of its duty to comply with Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) or its implementing regulations (34 CFR 106).

(Source: Amended at 13 Ill. Reg. 11491, effective 6/29/89)

Section 200.40 Administration

- a) All policies and practices of educational systems shall comply with Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Article I, Section 18 of the Illinois Constitution, and Sections 10-22.5, and 27-1, and 34-18(1) of The School Code (Ill. Rev. Stat. 1985, ch. 122, pars. 10-22.5, and 27-1, and 34-18(1)).
- b) Each educational system shall have a written policy on sex equity stating that it does not discriminate on the basis of sex in the provision of programs, activities, services, or benefits and that it guarantees both sexes equal access to educational and extracurricular programs and activities.
- c) Each system shall have a written grievance procedure available for use by any individual(s) wishing to present a complaint alleging that the system has discriminated against a student or students on the basis of their sex.
 - 1) Such procedure shall specify the steps to be taken in initiating and processing a grievance, shall identify all parties to be involved at each step of the procedure, shall include specific timelines for completion of each step and rendering of a written decision, and shall provide for final appeal of grievance decisions made at the system level to the system's governing board.

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- 2) Such procedure shall inform complainants of their right to further appeal the decision of the system's governing board to the Superintendent of the appropriate Educational Service Region pursuant to Section 3-10 of The School Code and, thereafter, to the State Superintendent of Education pursuant to Section 2-3.8 of The School Code, as provided in subsection-4b) of Section 200.90(b).
- d) Each system shall take reasonable measures to assure that employees, students and parents are informed of the system's sex equity policy and grievance procedure, e.g., through the use of policy manuals and student handbooks.
- e) Each educational system shall, within one year of the effective date of becoming subject to this Part and at least every four years thereafter, evaluate its policies and practices in terms of the requirements of this Part to identify sex discrimination and shall develop a written sex equity plan to modify any policy or practice that does not meet the requirements of this Part and to take remedial steps to eliminate the effects of any discrimination resulting from such policy or practice.
 - 1) The sex equity evaluation shall include an examination of course enrollment data to identify any instances of disproportionate enrollment on the basis of sex and, where discrimination may have contributed to such disproportionality, the sex equity plan shall seek to redress any such disproportionality identified.
 - 2) Inservice training implementing the sex equity plan shall be provided by the system to school district administrators and to certificated and noncertificated personnel as needed.
- f) Except as provided in subsection-4a) of Section 200.80(a)(4), an educational system may not on the basis of sex designate or otherwise limit the use of any facility or portion thereof, related services, equipment or supplies. This subsection shall not apply to shower and toilet facilities, locker rooms, and dressing areas. All such accommodations and all related support and maintenance services shall be comparable for both sexes.
- g) Except as provided in subsection-4a) of Section 200.80(a)(4), an educational system may not provide significant assistance to or enter into any agreement with any organization, group, business or individual that discriminates against students on the basis of sex.

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- h) An educational system shall not institute organizational changes or employment practices which would result in discrimination against students of either sex.

- i) A system shall maintain records documenting compliance with this Part, e.g., reports of sex equity evaluations and plans, remediation efforts and inservice activities, data collection and analyses, grievances and their disposition; such records shall be made available to State Board enforcement authorities upon request.

(Source: Amended at 13 Ill. Reg. 11491, effective 6/29/89)

Section 200.80 Extracurricular Programs and Activities

a) General Practices

- 1) Except as provided in subsection (b)(1)(A) of this Section, students of both sexes shall have equal access to all extracurricular programs and activities, including clubs, committees, service or honor organizations, intramural sports programs, interscholastic athletics and other after-school activities which are offered by a system.

- 2) Except as provided in subsection (b)(1)(A) of this Section, extracurricular programs and activities offered by a system shall not use titles which imply that membership or participation is restricted on the basis of sex.

- 3) A system shall not provide significant assistance to any association or conference whose purpose is to organize or regulate interscholastic competition if that association or conference discriminates on the basis of sex in the provision of benefits or services to students.

- 4) Schools may cooperate with single sex youth organizations that are tax exempt and whose membership has traditionally been limited to members of one sex and principally to persons who are under 19 years of age, provided that comparable activities shall be available for both sexes.

b) Selected Activity Areas

- 1) Athletics (Interscholastic and Intramural)

- A) Both sexes shall be accorded equal opportunities to participate in athletics programs.

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- i) Single-sex teams are permitted for contact sports or when selection for team membership is based upon competitive skill, provided the interests and abilities of both sexes are accommodated.

- ii) In a noncontact sport, when a team is provided only for members of one sex, members of the excluded sex must be allowed to compete for a place on the team if their overall athletic opportunities have been limited in comparison with those of the other sex.

- iii) Where a coeducational team in a given sport does not accommodate the interests and abilities of members of both sexes, separate teams shall be afforded by sex. For example, if the level of interest determined pursuant to subsection (b)(1)(B) indicates that 30 students of one sex and 30 students of the other sex want to participate in a particular sport, but only one student of the first sex is able to qualify to compete while 20 students of the other sex do so, a coeducational team does not accommodate the interests and abilities of both sexes.

- B) Within one year of the effective date of becoming subject to this Part and at least once every four years thereafter, a system shall assess student athletics interest by administering a written survey to all students. Such surveys shall be conducted in accordance with the following specifications:

- i) The survey shall be designed to measure the athletics interest of students as participants rather than as spectators.

- ii) Students of both sexes shall be surveyed.

- iii) The same survey forms listing the same sports options shall be used by students of both sexes.

- iv) On the survey form, sports shall not be designated by gender (e.g., list "basketball" not "boys' basketball" or "girls' basketball").

- v) Survey forms shall at least include the sports currently available in the system, and shall include provision for students to indicate interest in sports other than those listed by the system on the survey forms; and

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- vi) Students surveyed shall include at least those currently enrolled in the system.

C) Survey results shall be used in planning for the future as well as in assessing current program comparability. If survey data indicate that the overall levels of student interest in the range of alternatives being provided are disparate between the sexes and such disparity may be the result of discrimination, the system shall initiate efforts to reduce such disparity.

D) 6) Based upon the results of the interest survey, existing offerings and other pertinent factors (e.g., budget, facilities, available competition, etc.), a system shall provide comparable continuity in sports opportunities for students of both sexes (i.e., students have the opportunity to acquire skills at successive levels, over time, within a given sport).

E) 9) The nature and extent of the athletics programs offered by a system shall accommodate the interests and abilities of both sexes to a comparable degree. Factors to be considered in assessing program comparability include but are not necessarily limited to the following:

- i) Selection of sports offered,
- ii) Levels of competition within sports,
- iii) Length of sports seasons,
- iv) Scheduling of athletics opportunities throughout the calendar year,
- v) Scheduling of practices and games during prime time,
- vi) Use of facilities for practice and competition,
- vii) Ratio of coach(es) to athletes,
- viii) Quality of coaching and officiating (e.g., credentials, experience and compensation),
- ix) Assignment and compensation of coaches and officials,
- x) Supplies and equipment,

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- xi) Allowances for travel and per diem,
- xii) Medical and training services,
- xiii) Publicity for teams and individual participants,
- xiv) Overall distribution of athletic budget funds.

2) Music

A) Choruses segregated by sex shall not be allowed; however, choral groups based upon vocal range and quality are allowable.

B) Instrumental music skill acquisition and performance shall be based upon students' individual interests and abilities, regardless of their sex.

3) Speech and Drama

A) Competitive speaking events shall be open to both sexes.

B) Materials limited to a single sex (e.g., a monologue specific to one sex) may be used as long as comparable opportunities are provided for both sexes.

4) Miscellaneous

A) Activities such as cheerleading, pompom squads, color guards, school safety patrol, teacher/office aides, and library assistants shall be open to students of both sexes.

i) Participation criteria, selection procedures, or uniform restrictions which would discriminate on the basis of sex shall not be applied.

ii) Criteria for the utilization of such groups shall not discriminate on the basis of sex.

B) A king or queen of an activity may be selected; however, comparable opportunities for students of both sexes shall be provided.

C) If a system sponsors mother-son, father-daughter, mother-daughter, or father-son activities, comparable activities shall be available for both sexes, and the special needs of children from single-parent families shall be accommodated.

(Source: Amended at 13 Ill. Reg. 11491, effective 6/29/89)

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Section 200.100 Effects of Other Requirements

The obligation to comply with this Part is not obviated or alleviated by any policy or regulation of any club, organization, athletic league or other association which would limit the eligibility or participation of any student on the basis of ~~their~~ sex in any program or activity operated by any system covered by this Part.

(Source: Amended at 13 Ill. Reg. 11491, effective 6/29/89)

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- 1) Heading of the Part: Alien Status
- 2) Code Citation: 56 Ill. Adm. Code 2905
- 3) Section Number:
 - 2905.1 Adopted Action:
 - 2905.15 Amended Section
 - 2905.25 Repealed Section
 - 2905.40 New Section
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 48, pars. 444, 610 and 611.
- 5) Effective Date of the Rules: June 29, 1989.
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this Rule contain an incorporation by reference? No.
- 8) Date filed in Agency's Principal Office: June 15, 1989.
- 9) Notice of Proposal published in Illinois Register: February 24, 1989 at 13 Ill. Reg. 2229.
- 10) Has JCAR issued a Statement of Objection to these Rules? No.
- 11) Difference between proposal and final version: In 2905.15(a)(2), the effective date of the CFR citation and a statement that "no later amendments or editions are included" is added, and, in Section 2905.1, a comma is added after 1988 in the last sentence of the example.
Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.
- 13) Will this replace an emergency rule currently in effect? No.
- 14) Are there any amendments pending on this Part? No.
- 15) Summary and purpose of the rules: These rules clarify prior rulemaking on the effect of a lack of the right to work in the United States by an alien on his eligibility for

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Example: An individual illegally enters the United States in 1981 and begins work at that time. He applies for and is granted permanent residence status as of May 1, 1988. Only those wages that this individual earns on or after May 1, 1988, may be used to establish his monetary eligibility for benefits.

(Source: Amended at 13 Ill. Reg. 11502, effective June 29, 1989)

Section 2905.15 Permanent Residence Under Color Of Law

- a) An alien is considered permanently residing in the United States under color of law if his presence in this country is presumptively legal because:

a 1) He has entered the United States prior to June 30, 1906; or,

b 2) He has been is presumed lawfully admitted under an erroneous name or due to other error in accordance with 8 C.F.R. 101.2 (January 1, 1988), no later amendments or editions are included; or

c 3) He has been given "conditional-entry-refugee" or "asylee" status by the United States Attorney General pursuant to Sections 203(a)(7)(7)-207 or Section 208, respectively, and 212(d)(5) of the Immigration and Nationality Act (8 U.S.C. 11537 11577 and 11587-1182); or,

d 4) He has been given parole into the United States by the United States Attorney General pursuant to Section 212(d)(5) of the Immigration and Nationality Act (8 U.S.C. 1182).

b) The mere fact that a particular individual, group or class of individuals is temporarily not subject to deportation does not mean that the individual or members of that group or class are permanently residing in the United States under color of law. In such circumstances, in order to establish that he is permanently residing in the United States under color of law, the individual or group or class member must show that the Immigration and

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Naturalization Service (INS) has provided written notification that he may remain in the United States for an indefinite period of time.

(Source: Amended at 13 Ill. Reg. 11502, effective June 29, 1989)

Section 2905.25 Ineligibility On The Basis Of Alienage (Repealed)

An alien whose wages were earned during a base period when he was neither lawfully admitted for permanent residence nor otherwise permanently residing in the United States under color of law as provided in 55 Ill. Adm. Code 2905.15 or 2905.207 as the case may be is ineligible to receive unemployment insurance benefits.

(Source: Repealed at 13 Ill. Reg. 11502, effective June 29, 1989)

Section 2905.40 Legal Authorization To Work

In order to be eligible to receive benefits, an individual must be available to work (Section 500C of the Act, Ill. Rev. Stat. 1987, ch. 48, par. 420C). In order to meet this availability requirement, an alien must be legally authorized to work in the United States. An alien without current authorization to work from the Immigration and Naturalization Service (INS) or who is not in a status which automatically permits the alien to work, is not legally available for work and not eligible for benefits, even if the alien meets the monetary eligibility requirements of Section 500E of the Act (Ill. Rev. Stat. 1987, ch. 48, par. 420E).

(Source: Added at 13 Ill. Reg. 11502, effective June 29, 1989)

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1) Heading of the Part: Determination of Unemployment Contributions

2) Code Citation: 56 Ill. Adm. Code 2770

3) Section Number: Adopted Action:
2770.105 Amended Section

4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 48, pars.
570, 571, 573, 576.1, 576.2, 578.1, 610 and 611.

5) Effective Date of the Rules: June 29, 1989.

6) Does this rulemaking contain an automatic repeal date? No.

7) Does this Rule contain an incorporation by reference? No.

8) Date filed in Agency's Principal Office: June 15, 1989.

9) Notice of Proposal published in Illinois Register: January
20, 1989 at 13 Ill. Reg. 743.

10) Has JCAR issued a Statement of Objection to these Rules? No.

11) Difference between proposal and final version: The reference
to 56 Ill. Adm. Code 2765.205 in Section 2770.105(d)(3) has
been deleted.

12) Have all the changes agreed upon by the Agency and JCAR been
made as indicated in the agreement letter issued by JCAR?
Yes.

13) Will this replace an emergency rule currently in effect? No.

14) Are there any amendments pending on this Part? No.

15) Summary and purpose of the rules: This amendment conforms
the rules to the statute which, effective in 1989, provides
one other possible rate for newly liable employers; one based
on their experience with the risk of unemployment, but only
if such rate is higher than the other possible entry level
rates.

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16) Information and Questions regarding these Adopted Amendments
may be addressed to:

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2 South
Chicago, Illinois 60605
312/793-4240

The full Text of the Adopted Amendment appears on the following
pages:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2770
DETERMINATION OF UNEMPLOYMENT CONTRIBUTIONS

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section
2770.100 Industrial Classification
2770.105 Contribution Rate For Non Experience-Rated Employers
2770.110 Average Contribution Rates By Standard Industrial Classification (SIC) Codes

SUBPART C: ALTERNATIVE BENEFIT WAGE RATIO

2770.150 Eligibility To Elect The Alternative Benefit Wage Ratio
2770.155 Approval Of Election Of The Alternative Benefit Wage Ratio
2770.160 Adjustment Of The Benefit Wage Charges And The Determination Of The Alternative Benefit Wage Ratio
2770.165 Revocation Of Election Of Alternative Benefit Wage Ratio
2770.170 Appeals

SUBPART E: TRANSFER OF BENEFIT WAGES FROM BASE PERIOD TO
SUBSEQUENT EMPLOYER

2770.400 Definitions
2770.405 Application Of Base Period Wages
2770.410 Restriction On Benefit Wage Transfers
2770.415 Benefit Wage Transfer Procedural Requirements
2770.420 Petition For Hearing

SUBPART F: BENEFIT WAGE CANCELLATIONS

2770.501 Effective Date Of Benefit Wage Cancellations Pursuant To Section 1508.1 Of The Act

2770. Table A General SIC Classification

AUTHORITY: Implementing and authorized by Sections 1500, 1501, 1503, 1506.1, 1506.2, 1508.1, 1700 and 1701 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 578.1, 610 and 611).

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SOURCE: Emergency rules adopted as 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 550, effective January 1, 1984, for a maximum of 150 days; adopted at 8 Ill. Reg. 8208, effective May 30, 1984; recodified from 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 15030; emergency amendments at 8 Ill. Reg. 15088, effective August 8, 1984, for a maximum of 150 days; emergency amendments at 8 Ill. Reg. 22139, effective October 26, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 24117, effective November 30, 1984; amended at 9 Ill. Reg. 4507, effective March 25, 1985; amended at 10 Ill. Reg. 6935, effective April 14, 1986; amended at 11 Ill. Reg. 9878, effective December 15, 1986; amended at 11 Ill. Reg. 9878, effective May 11, 1987; emergency amendments at 12 Ill. Reg. 210, effective January 1, 1988, for a maximum of 150 days, expired May 30, 1988; amended at 12 Ill. Reg. 11213, effective June 20, 1988; amended at 12 Ill. Reg. 12473, effective July 15, 1988; amended at 12 Ill. Reg. 18143, effective October 27, 1988; amended at 12 Ill. Reg. 20477, effective November 28, 1988; amended at 13 Ill. Reg. 11507, effective June 29, 1989.

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section 2770.105 Contribution Rate For Non Experience-Rated Employers

a) For calendar years 1984, 1985, and 1986, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the two calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

- 1) 2.7%, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 3) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable emergency rate, as

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imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2).

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years (or six month period), as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used for the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

b) For calendar year 1987, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the three calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

- 1) 2.7%, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2); or,

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3) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable emergency rate, as imposed by Section 1506.2 of the Act (Ill. Rev. Stat. 1985, ch. 48, par. 576.2).

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years (or six month period), as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used for the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

c) For calendar year 1988, ~~and each year thereafter~~, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the three calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

- 1) 2.7%, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act (Ill. Rev. Stat. 1987, ch. 48, par. 576.3); or,

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- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,
- 3) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act.

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used in the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

d) For calendar year 1989, and each year thereafter, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the three calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

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- 1) 2.7%, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act (Ill. Rev. Stat. 1987, ch. 48, par. 576.3); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,
- 3) The employer's contribution rate calculated pursuant to Sections 1501 to 1507 of the Act (Ill. Rev. Stat. 1987, ch. 48, pars. 571 to 577), but only if this employer has had at least 13 consecutive months experience with the risk of unemployment by the June 30 preceding the calendar year for which a rate is being determined, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,
- 4) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act.

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used in the above computation, shall be included for compu-

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tation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

de) The mean average contribution rate for each Economic Division, determined pursuant to subsection (a)(3)(A) and (B), (b)(3)(A) and (B) or (c)(3)(A) and (B) shall be announced annually by the Director, during the last quarter of the year preceding the applicable year.

ef) Appeals from any determinations under Section 2770.100 or 2770.105 shall be taken pursuant to and governed by Section 1509 of the Act.

(Source: Amended at 13 Ill. Reg. 11507, effective June 29, 1989.)

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

1) The Heading of the Part: MEDICAL PAYMENT

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Number: Adopted Action:

140.526

Amendment

4) Statutory Authority: Sections 5-5.5 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, pars. 5-5.5 and 12-13)

5) Effective Date of Amendment: July 3, 1989

6) Does this rulemaking contain an automatic repeal date?
 Yes X No

7) Does this Amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: July 3, 1989

9) Notice of Proposal Published in Illinois Register:

February 3, 1989 (13 Ill. Reg. 1420)

10) Has JCAR issued a Statement of Objections to this rule? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this Amendment replace an Emergency Amendment currently in effect? No

14) Are there any Amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
140.16	Amendment	March 10, 1989 (13 Ill. Reg. 2937)
140.17	Amendment	March 10, 1989 (13 Ill. Reg. 2937)

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- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,
- 3) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act.
- A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.
- B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used in the above computation, shall be included for computation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

3) For calendar year 1989, and each year thereafter, the contribution rate under Section 1500(B) of the Act, for each employer who has not incurred liability for the payment of contributions within each of the three calendar years immediately preceding the calendar year for which a rate is being determined, shall be the greater of:

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- 1) 2.7%, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act (Ill. Rev. Stat. 1987, ch. 48, par. 576.3); or,
- 2) 2.7%, multiplied by the adjusted state experience factor, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,
- 3) The employer's contribution rate calculated pursuant to Sections 1501 to 1507 of the Act (Ill. Rev. Stat. 1987, ch. 48, pars. 571 to 577), but only if this employer has had at least 13 consecutive months experience with the risk of unemployment by the June 30 preceding the calendar year for which a rate is being determined, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act; or,
- 4) The mean average contribution rate of all experience-rated employers within the specific Economic Division, plus any applicable fund building rate, as imposed by Section 1506.3 of the Act.

A) The mean average contribution rate for an Economic Division shall be determined by adding the rates of all experience-rated employers in that division and dividing such sum by the number of such employers. Such rate computation shall be made for each of the applicable years as of July 31 of the preceding year. Any change in the industrial classification or the contribution rate of the experience-rated employers made after the date of computation shall not affect the established average rate for the Economic Division.

B) Experience-rated employers whose liability was terminated on or before July 31 of the calendar year used in the above computation, shall be included for computation,

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tation purposes, unless prior to such date, a successor has succeeded to the experience rating record of such employer. In such instances, only the successor rate shall be used.

d_e) The mean average contribution rate for each Economic Division, determined pursuant to subsection (a)(3)(A) and (B), (b)(3)(A) and (B) or (c)(3)(A) and (B) shall be announced annually by the Director, during the last quarter of the year preceding the applicable year.

e_f) Appeals from any determinations under Section 2770.100 or 2770.105 shall be taken pursuant to and governed by Section 1509 of the Act.

(Source: Amended at 13 Ill. Reg. 11507, effective June 29, 1989.)

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DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

1) The Heading of the Part: MEDICAL PAYMENT

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Number: Adopted Action:

140.526

Amendment

4) Statutory Authority: Sections 5-5.5 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 5-5.5 and 12-13)

5) Effective Date of Amendment: July 3, 1989

6) Does this rulemaking contain an automatic repeal date?
 Yes X No

7) Does this Amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: July 3, 1989

9) Notice of Proposal Published in Illinois Register:

February 3, 1989 (13 Ill. Reg. 1420)

10) Has JCAR issued a Statement of Objections to this rule? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this Amendment replace an Emergency Amendment currently in effect? No

14) Are there any Amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
140.16	Amendment	March 10, 1989 (13 Ill. Reg. 2937)
140.17	Amendment	March 10, 1989 (13 Ill. Reg. 2937)

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Section Numbers	Proposed Action	Illinois Register Citation
140.21	Amendment	March 17, 1989 (13 Ill. Reg. 3295)
140.110	New Section	July 15, 1988 (12 Ill. Reg. 11701)
140.400	Amendment	December 16, 1988 (12 Ill. Reg. 20714)
140.435	Amendment	December 16, 1988 (12 Ill. Reg. 20714)
140.436	Amendment	December 16, 1988 (12 Ill. Reg. 20714)
140.440	Amendment	December 30, 1988 (12 Ill. Reg. 22329)
140.490	Amendment	July 14, 1989 (13 Ill. Reg. 11157)
140.491	Amendment	July 14, 1989 (13 Ill. Reg. 11157)
140.492	Amendment	July 14, 1989 (13 Ill. Reg. 11157)
140.497	New Section	May 19, 1989 (13 Ill. Reg. 7546)
140.569	Amendment	April 21, 1989 (13 Ill. Reg. 5465)
140.642	Amendment	November 28, 1988 (12 Ill. Reg. 19613)

15) Summary and Purpose of Amendment: In order to pass Part III of QUIP, Community and Family Participation, a total number of contact hours are required per month based on the number of Medicaid residents times 8.6. Of those required hours, only 25 percent may be family related and 10 percent group presentations. This rule is being revised to state those requirements more specifically.

16) Information and questions regarding this Adopted Amendment shall be directed to:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

Name: Tom Toberman

Address: 201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763

Telephone: (217) 524-7324

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMSPART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section	
140.1	Incorporation By Reference
140.2	Medical Assistance Programs
140.3	Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
140.4	Covered Medical Services Under GA and AMI
140.5	Medical Services Not Covered
140.6	Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Infants Under Age One Year
140.7	Medical Assistance For Qualified Severely Impaired Individuals
140.8	Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
140.9	Medical Assistance Provided to Incarcerated Persons
140.10	
	SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL
140.11	Enrollment Conditions for Medical Providers
140.12	Participation Requirements for Medical Providers
140.13	Definitions
140.14	Denial of Application to Participate in the Medical Assistance Program
140.15	Recovery of Money
140.16	Termination of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.17	Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMSPART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section	
140.18	Effect of Termination on Individuals Associated with Vendor
140.19	Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring Submittal of Claims
140.20	Magnetic Tape Billings
140.22	Payment of Claims
140.23	Payment Procedures
140.24	Overpayment or Underpayment of Claims
140.25	Payment to Factors Prohibited
140.26	Assignment of Vendor Payments
140.27	Record Requirements for Medical Providers
140.28	Audits
140.30	False Reporting and Other Fraudulent Activities
140.35	Prior Approval for Medical Services or Items
140.40	Prior Approval in Cases of Emergency
140.41	Limitation on Prior Approval
140.42	Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.43	Drug Manual (Recodified)
140.71	Drug Manual (Recodified)
140.72	Drug Manual Updates (Recodified)
140.73	
	SUBPART C: HOSPITAL SERVICES
140.94	Hospital Services (Recodified)
140.95	Participation (Recodified)
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)
140.98	Covered Hospital Services (Recodified)
140.99	Hospital Services Not Covered (Recodified)
140.100	Limitation On Hospital Services (Recodified)
140.101	Transplants (Recodified)
140.102	Heart Transplants (Recodified)
140.103	Liver Transplants (Recodified)
140.104	Bone Marrow Transplants (Recodified)
140.110	Disproportionate Share Hospital Adjustments (Emergency Expired)
140.116	Payment for Inpatient Services for GA (Recodified)
140.117	Hospital Outpatient and Clinic Services (Recodified)
140.200	Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201	Payment for Hospital Services After June 30, 1982 (Repealed)

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Section 140.202	Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203	Limits on Length of Stay by Diagnosis (Recodified)
140.300	Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350	Copayments (Recodified)
140.360	Payment Methodology (Recodified)
140.361	Non-Participating Hospitals (Recodified)
140.362	Pre July 1, 1989 Services (Recodified)
140.363	Post June 30, 1989 Services (Recodified)
140.364	Prepayment Review (Recodified)
140.365	Base Year Costs (Recodified)
140.366	Restructuring Adjustment (Recodified)
140.367	Inflation Adjustment (Recodified)
140.368	Volume Adjustment (Repealed)
140.369	Groupings (Recodified)
140.370	Rate Calculation (Recodified)
140.371	Payment (Recodified)
140.372	Review Procedure (Recodified)
140.373	Utilization (Repealed)
140.374	Alternatives (Recodified)
140.375	Exemptions (Recodified)
140.376	Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390	Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391	Definitions (Recodified)
140.392	Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394	Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.396	Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.398	Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.400	Payment to Practitioners and Laboratories
140.410	Physicians' Services
140.411	Covered Services By Physicians
140.412	Services Not Covered By Physicians
140.413	Limitation on Physician Services
140.414	Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians
140.416	Optometric Services and Materials

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Section 140.417	Limitations on Optometric Services
140.418	Department of Corrections Laboratory
140.420	Dental Services
140.421	Limitations on Dental Services
140.422	Requirements for Prescriptions and Dispensing Items of Pharmacy Items - Dentists
140.425	Podiatry Services
140.426	Limitations on Podiatry Services
140.427	Requirement for Prescriptions and Dispensing of Pharmacy Items - Podiatry
140.428	Chiropractic Services
140.429	Limitations on Chiropractic Services
140.430	Independent Laboratory Services
140.431	Services Not Covered by Independent Laboratory
140.432	Limitations on Independent Laboratory Services
140.433	Payment for Laboratory Services
140.434	Record Requirements for Independent Laboratories
140.440	Pharmacy Services
140.441	Pharmacy Services Not Covered
140.442	Prior Approval of Prescriptions
140.443	Filling of Prescriptions
140.444	Compounded Prescriptions
140.445	Prescription Items (Not Compounded)
140.446	Over-the-Counter Items
140.447	Reimbursement
140.448	Returned Pharmacy Items
140.449	Payment of Pharmacy Items
140.450	Record Requirements for Pharmacies
140.452	Mental Health Clinic Services
140.453	Definitions
140.454	Types of Mental Health Clinic Services
140.455	Payment for Mental Health Clinic Services
140.456	Hearings
140.460	Clinic Services
140.461	Clinic Participation Requirements
140.462	Covered Services in Clinics
140.463	Encounter Rate Clinics
140.464	Psychiatric Clinics (Hospital-based)
140.465	Speech and Hearing Clinics
140.466	Rural Health Clinics
140.467	Independent Clinics
140.469	Hospice
140.470	Home Health Services
140.471	Home Health Covered Services
140.472	Types of Home Health Services
140.473	Prior Approval for Home Health Services

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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13).

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17359, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days;

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amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 13, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum

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of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.912 and 140.912 Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.205 Table A and 147.205 Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475,

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effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; amended at 13 Ill. Reg. 11516, effective July 3, 1989.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

Section 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP)

a) The five quality incentive standards and the criteria for each are listed in the following subsections. These criteria shall be evaluated by the Department using a standardized assessment instrument.

- 1) The assessor will evaluate the level of achievement relying on the documentation provided, direct observation and resident and staff interviews.
- 2) The burden of proof rests with the facility to demonstrate the inapplicability of the QUIP standard for any resident through precise documentation in existence at the time of the assessment.
- 3) For purposes of Section 140.526, documentation will mean as written and specified in the required comprehensive care plan, nursing charts, activity records or community contact logs. Documentation will require specificity such that the assessor will not need additional interpretation from facility staff as to the reasonableness of the facility assertion regarding resident choice, needs, capabilities, progress, goals, activities and contacts. Documentation must relate specific information about resident diagnoses or impairment as necessary to support said assertions.

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- b) Functional & Sensory-stimulating Environment: This standard requires that the resident's environment promotes maximum independence and physical and mental functioning and lends meaning to life. Achievement of the standard will be demonstrated through on-site observation and evaluation of the facility environment, including the interior and exterior areas of the facility, and the furniture and fixtures in those areas.

- 1) The QUIP instrument will assign the following maximum points for this standard to each of the following areas:

A) Exterior	18 points
B) Interior - General	18 points
C) Interior - Congregate Areas	36 points
D) Communication Aids	42 points
E) Resident Rooms	30 points
F) Resident Toilet Rooms	24 points
G) Recreation Areas	18 points
H) Dining Area and Meals	18 points

- 2) If a criterion (item) in areas identified in subsections (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(G) and (b)(1)(H) is not applicable to a facility, the assessor will enter N/A (not applicable) opposite the item on the assessment instrument and award the maximum score possible per item.
- 3) Resident rooms and toilet areas will be evaluated using a two point measurement scale for each attribute for each room observed. Four resident rooms and adjoining toilet rooms in each unit will be evaluated. In addition, four bath rooms

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will be evaluated unless fewer than four are available, in which case all will be evaluated. For other areas of evaluation, scores will be assigned for each criterion on a range of points, where 0 represents that minimum standards are not exceeded, 3 represents that minimum standards are exceeded, and 6 represents that standards are greatly or consistently exceeded.

- 4) Ten criteria will be used to evaluate the eight facility areas identified above, as appropriate. The criteria are:

- A) Facility cleanliness; fresh-smelling; free of dirt, crumbs and clutter; free of stains or spots; in good repair.
- B) Bright and cheerful resident rooms which are personalized and colorful.
- C) Personal possessions in resident's room, such as pictures, furniture, wall-hangings and decorations.
- D) Provision for privacy, i.e., the staff is considerate of resident needs.
- E) Sensory compensating equipment, e.g., large print menus, talking books, visual cues to differentiate areas of home and adaptive equipment aids.
- F) Communication enhancers, e.g., furniture arrangement and communication boards.
- G) Residential atmosphere in congregate living space which promotes mobility and conversation; stimulating and vibrant.
- H) Presence of living things, e.g., pets and plants.

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I) Special purpose rooms for small and large group gatherings and special activities, e.g., library, including current magazines or newspapers, and music appreciation room. Magazines will be considered current when more than three months old; newspapers when no more than two days old.

J) Dining area atmosphere, i.e., meals and room promote socialization and self-help and are attractive and appetizing.

c) Resident Participation and Choice: This standard requires that the resident enjoys a full scope of varied activities which offer continuity and opportunities for choice. A facility must meet the level of achievement on both of the following two criteria in order to demonstrate that the standard has been met.

1) Quality of the participation: This criterion

requires that a quality plan of social/recreational activities will be established for all residents. Achievement will be measured by reviewing a targeted sample of care plans, which will be selected as follows:

A) The sample will consist of 10%, but no less than 10 residents and a maximum of 29 residents, unless fewer than 10 residents eligible for review live in the facility, in which case, all of them must be included in the sample. Residents to be targeted for this sample whenever possible are residents who the assessor judges are least likely to have quality plans, as gauged by the assessor's observation of their inactivity, tenure in the facility, unique activity needs or social/behavioral problems.

B) A score is derived by determining that the facility has established a quality plan of social/recreational activities. Each of the

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following five attributes of the plan when scored will be weighted equally and achievement determined by identifying the average percent of these attributes present in the social/recreational plans which are reviewed. The plan must be:

i) related to resident interests and social ties, as expressed by the resident or family or friends of the resident;

ii) individualized, i.e., the plan differentiates activities for residents based on differences in needs, abilities and interests;

iii) related to and included in the comprehensive care plan;

iv) current, i.e., updated at least quarterly or more often as needs change (there must be evidence that goals are adjusted, as needed);

v) designed to provide opportunities for resident selection of own activities, (or family/guardian participation in the selection, as appropriate).

2) Level of Resident Participation: This criterion requires that residents are meaningfully engaged in accordance with approved care plans. Achievement will be measured by observing all residents at two distinct periods of peak activity during a day. Those times must be identified by the facility and may vary by day of the week.

A) Level of achievement will be determined by identifying the percentage of residents meaningfully engaged at peak times. Those residents who are prohibited from being

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meaningfully involved, as documented by physician orders, are exempt from this assessment.

- B) The list of activities which constitute being meaningfully engaged include group activities, verbal interchange or personal interactions with other people, and individual or independent activities. It would not include aimless wandering, being unoccupied but awake in bed and staring into space.

- d) Community and Family Participation: Facilities must demonstrate high levels of community and family involvement in the facility and of resident involvement in the community. A facility must achieve both of the two criteria in order to receive the incentive payment for this standard.

- 1) Level of Participation: The facility must demonstrate that residents are interacting with community representatives or engaged in community work an average of two hours per week per resident. This participation may involve volunteers or family in the facility or residents involved or volunteering in the community. Achievement will be measured by reviewing facility records which document the number of hours and types of hours in which residents are involved in the community or interacting with community visitors during individual months. Two months of the last six will be assessed.

- A) Types of hours which must be documented in a log are:

- i) Family contact, e.g., home visits or visits from relatives.
- ii) Volunteer one-on-one visits, personalized contact.

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- iii) Group contact or presentations, e.g., choirs, speakers and luncheons.

- iv) Residents as volunteers.

- v) Residents outside of the facility (excluding home visits).

- vi) Other contacts.

- B) The level of contacts calculated to meet the standard has the following restrictions:

- i) No more than 25% of the required contact hours; i.e., number of residents multiplied by 8.6 as stated in subsection (d)(1), may be family related.

- ii) Each home visit will count as two contact hours unless the visit is less than two hours in which case, the actual number of hours is counted.

- iii) No more than 10% of the required contact hours; i.e., number of residents multiplied by 8.6 as stated in subsection (d)(1), may be non-individualized, e.g., group presentations.

- iv) Hours will not be counted for community visitors required to be in the facility (e.g., therapists and ombudsmen).

- v) Hours spent outside of the facility in required programs will not be counted (e.g., day programming).

- 2) Quality of Participation. Achievement will be measured by reviewing the types of contacts which the facility has documented. The last six months of records will be reviewed. Achievement will be

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determined by scoring the contacts according to eight criteria which will be weighted equally. A score of 0 through 6 will be assigned to each criterion, where 0 represents that the criterion is rarely present, 3 represents that the criterion is sometimes present, and 6 represents that the criterion is consistently present. Level of achievement will be calculated by deriving points earned as a percentage of total points possible. If a criterion (item) in Quality of Participation is not applicable to a facility, the assessor will enter N/A (not applicable) opposite the criterion on the assessment instrument. The maximum score possible per criterion, 6, is multiplied by the number of criterion marked N/A. This score is deducted from the maximum score possible, 48, and the resulting score multiplied by the required percentage (70% or 80%) for the applicable eligibility period to determine the score needed. The eight criteria follow:

- A) Diversity in scope of programs, i.e., varied types of contacts and involvement allow most residents to benefit.
- B) Resident choice of programs, i.e., maximum opportunities for resident selection of types of contacts are available.
- C) Appropriateness of activities to residents' physical, emotional and intellectual needs, i.e., available contacts address resident limitations, and are appropriate to resident capabilities.
- D) Innovativeness, i.e., facility tries new approaches to increase ties to community.
- E) Appropriate involvement of special populations, i.e., facility adapts programs to involve residents with special care needs.

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- F) Maintenance of normal relationship of resident to his/her community.
- G) Appropriate mix of activities inside and outside of the facility, i.e., excursions are regularly scheduled.
- H) Appropriate level of physically active involvement, i.e., community/resident activities encourage active involvement as well as listening and observing.

e) Resident Satisfaction: A sample of consumers of the facility's services, or family members or guardians, express a high level of satisfaction regarding aspects of the resident's life that the facility affects.

- 1) The sample will consist of 10%, but no less than 10 residents and a maximum of 29 residents unless fewer than 10 residents eligible for review live in the facility, in which case, all of them must be included in the sample. Eligible residents are those residents with the ability to evaluate the criteria as reflected in the resident's comprehensive care plan or those residents who have representatives to respond in their behalf. Achievement will be measured by interviewing residents in regard to ten criteria. Family members or guardians may be interviewed when residents, as reflected in the comprehensive care plan, cannot comprehend or respond to an interview. The level of achievement will be determined by adding the total points earned in the aggregate and calculating the points earned as a percentage of points possible.

- 2) For these residents, or their guardians as appropriate, each of the following ten (10) criteria will have the same maximum points. In addition, for each criterion, there will be five equally weighted choices of responses. Points will be assigned based on the degree to which the facility demonstrates the attribute, in the

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resident's opinion. The criteria for this quality incentive standard include the residents' (or their representatives):

- A) Sense of physical safety;
- B) Perception of facility's cleanliness;
- C) Satisfaction with quality of food experience;
- D) Satisfaction with effectiveness and responsiveness of health care team;
- E) Sense of resident being treated with dignity;
- F) Resident retention of freedom of choice;
- G) Belief that resident is being assisted to perform activities as independently as possible;
- H) Sense of resident continuity with past experience, roles, and persons;
- I) Satisfaction with interpersonal relations within the facility (e.g., resident has a confidant who is a staff member); and,
- J) Feeling that resident privacy is respected.

f) Effective Patient Care Management: There is a demonstrated emphasis on achievement of care plan goals and provision of intensive intervention programs in the facility. A facility may qualify for either component to receive half of the full incentive payment for the standard. To qualify for the full payment, the facility must meet the requirements for both components.

- 1) Achievement of care plan goals: A facility will meet this criterion by assisting residents to gain greater functional independence. The criterion requires that care plan goals are

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established for all residents. Achievement will be measured using a sample of residents as outlined in Section 140.526(c)(1)(A) of this Part. Achievement will be measured in terms of progress toward goals identified in the last six months. Level of achievement will be determined by calculating the points earned as a percentage of points possible. The IDPA assessor shall review care plans, approve care plan goals and compare resident functioning to care plan goals.

- A) Goals will be selected that are appropriate to the resident. At a minimum, two physiological, one psychological and one sociological goal must be selected.
- B) A facility receives two (2) points for each of five goals achieved for each resident; one (1) point when movement toward the goal is made but the goal is not achieved; and zero (0) points when no movement is achieved.
- 2) Intensive intervention programs: A facility must implement intensive nursing and related programs appropriate to the resident population from the list of ten categories in Section 140.526(f)(2)(B) of this Part. For the June 1985, assessment, three programs are required. For assessments after July 1, 1985, four programs are required. The facility must identify the programs to be assessed, equal in number to the number of programs required. IDPA will assess whether the programs identified by the facility meet the qualifications in Section 140.526(f)(2)(A) and address the needs of the residents of the facility.

A) The programs must be currently operating with:

- i) defined program goals and patient-specific objectives;

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Section 140.526

Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (Cont'd)

- ii) established treatment protocols and procedures or, for Advanced Nurse Aide Training, specific training outlines;
- iii) mechanisms for ongoing monitoring and evidence of progress notes and of modifications in procedures or outlines based on monitoring results;
- iv) established evaluation criteria and methodology; and
- v) a list of program participants and evidence of participation.

B)

Ten categories of intensive intervention programs have been identified. The intent of these programs must be to reduce disability and medical complications that result in great suffering and economic costs in the facility. The conditions targeted must be those which are prevalent in the facility; accompanied by a high incidence of disability, suffering and costly care; and which are responsive to directed, intensive programs of intervention. The programs are:

- i) Intensive Skin Care Program;
- ii) Bowel and Bladder Program;
- iii) Accident Monitoring and Evaluation Program;
- iv) Contracture Prevention and Treatment Program;
- v) Behavior Problem Management Program;
- vi) Restorative Nursing Program;
- vii) Community Integration Program;
- viii) Discharge and Transfer Plan Program;

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Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (Cont'd)

- ix) Advanced Nurse Aide Training Program; and,
- x) Innovative Programs, Appropriate to the Needs of the Facility's Resident Population. Programming for residents with Alzheimer's Disease is a suitable choice under this category, in facilities having Alzheimer's populations.

C) Only one program for each category of programs listed above will qualify during the assessment, except that:

- i) Intermediate Care Facilities for the Developmentally Disabled and Skilled Pediatric Nursing Facilities may designate and qualify for two innovative programs.
- ii) Facilities may designate a second innovative program if that program is directed at a special resident population comprising at least 20% of the full census, or
- iii) Facilities may designate a second innovative program directed at residents with Acquired Immunodeficiency Syndrome (AIDS) or AIDS-Related Complex (ARC). Such a program could be developed in anticipation of admitting residents with AIDS to a facility. In the absence of AIDS residents, an AIDS intensive intervention program will qualify as one of the four required programs for one assessment. In subsequent eligibility periods, the facility must house at least one resident with AIDS in order for the AIDS intervention program to continue in a qualifying status.

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Section 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (Cont'd)

- iv) Facilities may designate two Advanced Nurse Aide Programs. Those programs must be based on progressive levels of skill or difficulty.

(Source: Amended at 13 Ill. Reg. 11516, effective July 3, 1989)

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1) Heading of the Part:

AIDS Confidentiality and Testing Code

2) Code Citation:

77 Ill. Adm. Code 697

3) Section Numbers:

697.20	697.130	Appendix B
697.30	697.140	
697.110	697.400	
697.120		

Adopted Action:

Amendments

4) Statutory Authority:

AIDS Confidentiality Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7301 et seq., as amended by P.A. 85-1399, effective September 2, 1988 and P.A. 85-1248, effective August 30, 1988), AIDS Registry Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7351 et seq. P.A. 85-1248, effective August 30, 1988), Section 204 of the Illinois Marriage and Dissolution of Marriage Act (Ill. Rev. Stat. 1987, ch. 40, par. 204), "AN ACT in relation to the prevention of certain communicable diseases" (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 22.11 et seq., as amended by P.A. 85-1399, effective September 2, 1988), and Sections 55, 55.11, 55.41 and 55.45 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1987, ch. 127, pars. 55, 55.11, 55.41 and 55.45, as amended by P.A. 85-1248, effective August 30, 1988).

5) Effective Date of Rules:

July 1, 1989

6) Does this Rulemaking Contain an Automatic Repeal Date? Yes No X

If "yes," please specify date:

7) Does this Rulemaking Contain Any Incorporations by Reference? Yes No X

If "yes," please specify type: 6.02(a) or 6.02(b)

If "6.02(b)," was a copy of the approval form issued by the Joint Committee attached to this rulemaking? Yes No

8) Date Filed in Agency's Principal Office:

July 1, 1989

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- 9) Date Notice(s) of Proposal was Published in Illinois Register:

December 23, 1988 - 12 Ill. Reg. 21043

- 10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? Yes No X

If "yes," please complete the following:

- A) Statement of Objection: , Ill. Reg.
 B) Agency Response: , Ill. Reg.
 C) Date Agency Response Submitted for Approval to the Joint Committee:

- 11) Difference Between Proposal and Final Version:

The following changes were made in response to comments received during the first notice or public comment period:

No changes were made pursuant to public comment.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

1. Delete Section 697.30(d)(5)
2. Add ", as amended by" following "et seq." in the Authority Note.
3. Delete the underlining under "Section 3(a) of the AIDS Registry Act" in Section 697.10.
4. In Section 697.140(d)(1), include a statutory reference immediately following the subsection.
5. In Section 697.400(b), capitalize the word "and" in line 6.
6. In Appendix B(a)(1), delete the comma after the word "Sections" and add a space between Section (a)(1) and (a)(2).

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

The Department has made all the changes to which it agreed with the Joint Committee.

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- 13) Will the Rules Replace an Emergency Rule Currently in Effect?

Yes No X

- 14) Are there any other Amendments Pending on this Part? Yes No X

If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation

- 15) Summary and Purpose of Rules:

This rulemaking implements recent legislation amending various provisions concerning AIDS. (Public Acts 85-1399, effective September 2, 1988 and P.A. 85-1248, effective August 30, 1988) Public Acts 85-1399 and 85-1248 amend AIDS Confidentiality Act to permit HIV testing without pre-test information, counseling and written informed consent in various situations. In addition, Public Act 85-1248 amends the definitions of "AIDS" and "ARC" to refer to definitions established by the National Institutes of Health.

- 16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER d: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 697

AIDS CONFIDENTIALITY AND TESTING CODE

SUBPART A: GENERAL PROVISIONS

Section
697.10
697.20
697.30
697.40

Applicability
Definitions
Incorporated Materials
Administrative Hearings

SUBPART B: HIV TESTING

Section
697.100
697.110
697.120
697.130
697.140
697.150
697.160
697.170
697.180

Approved HIV Tests and Testing Procedures
HIV Pre-Test Information
Written Informed Consent
Anonymous Testing
Disclosure of the Identity of a Person Tested or Test Results
Marriage License Testing Requirements
HIV Testing for Insurance Purposes
Enforcement of the AIDS Confidentiality Act
HIV Testing for Blood and Human Tissue Donations

SUBPART C: AIDS REGISTRY SYSTEM

Section
697.200
697.210
697.220

AIDS Registry System
Reporting Requirements
Release of AIDS Registry Information

SUBPART D: HIV COUNSELING AND TESTING CENTERS

Section
697.300

HIV Counseling and Testing Centers

SUBPART E: MISCELLANEOUS PROVISIONS

Section
697.400
697.410
697.420

Notification of School Principals
Guidelines for the Management of Chronic Infectious Diseases in School Children
Testing, Treatment or Counseling of Minors

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Appendix A Sample HIV Testing Forms
Illustration A Sample Written Informed Consent Form
Illustration B Sample Marriage License Testing Certificate
Appendix B Statutory and Regulatory References to AIDS

AUTHORITY: Implementing and authorized by AIDS Confidentiality Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 7301 et seq., as amended by P.A. 85-1248, effective August 30, 1988 and P.A. 85-1399, effective September 2, 1988), AIDS Registry Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 7351 et seq., as amended by P.A. 85-1248, effective August 30, 1988), Section 204 of the Illinois Marriage and Dissolution of Marriage Act (111. Rev. Stat. 1987, ch. 40, par. 204), "AN ACT in relation to the prevention of certain communicable diseases" (111. Rev. Stat. 1987, ch. 111 1/2, par. 22.11 et seq., as amended by P.A. 85-1399, effective September 2, 1988), and Sections 55, 55.11, 55.11 and 55.45 of the Civil Administrative Code of Illinois (111. Rev. Stat. 1987, ch. 127, pars. 55, 55.11, 55.41 and 55.45, as amended by P.A. 85-1248, effective August 30, 1988).

SOURCE: Emergency rules adopted at 12 111. Reg 1601, effective January 1, 1988, for a maximum of 150 days; adopted at 12 111. Reg. 9952, effective May 27, 1988; amended at 13 111. Reg. 11544, effective July 1, 1989.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART A: GENERAL PROVISIONS

Section 697.20 Definitions

The following are definitions of terms used in this Part:

"ACT" or "AIDS Confidentiality Act" means the AIDS Confidentiality Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 7301 et seq., as amended by P.A. 85-1248, effective August 30, 1988, and P.A. 85-1399, effective September 2, 1988).

"AIDS" MEANS ACQUIRED IMMUNODEFICIENCY SYNDROME, AS DEFINED BY THE CENTERS FOR DISEASE CONTROL OR THE NATIONAL INSTITUTES OF HEALTH. (Section 3(a) of the AIDS Registry Act) (111. Rev. Stat. 1987, ch. 111 1/2, par. 7353a). Similar definitions appear in the Act. Current definition can be found in "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome", Centers for Disease Control. Mortality and Morbidity Weekly Report (MMWR) Suppl. 1987; 36(No. 1S), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333.

"AIDS Registry Act" means the AIDS Registry Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 7351 et seq., as amended by P.A. 85-1248).

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effective August 30, 1988).

"ARC" MEANS AIDS - RELATED COMPLEX, AS DEFINED BY THE CENTERS FOR DISEASE CONTROL OR THE NATIONAL INSTITUTES OF HEALTH OF THE UNITED STATES-PUBLIC HEALTH SERVICE- (Section 3(a) of the AIDS Registry Act). The National Institute of Health has a provisional definition. Centers for Disease Control has no published definition, however, CDC has established a classification scheme for HIV-infection that encompasses these clinical manifestations of HIV-infection generally considered as ARC. This definition is as follows:

At least two of the following clinical signs/symptoms lasting 3 or more months plus two or more of the following laboratory abnormalities, occurring in a patient in a cohort at increased risk for developing AIDS and having no underlying infectious cause for the symptoms.

Clinical

Fever: greater than 100°F, intermittent or continuous 3 months, in the absence of other identifiable cause

Weight loss: 10% of normal body weight or greater than 15 lb.

Lymphadenopathy: persistent greater than 3 months, involving two or more extralingual nodebearing areas

Diarrhea: intermittent or continuous greater than 3 months, in the absence of other identifiable cause

Fatigue: to the point of decreased physical or mental function

Night sweats: intermittent or continuous greater than 3 months, in the absence of other identifiable cause

Laboratory

Depressed helper T cells (greater than 2 SD below the mean)

Depressed helper/suppressor ratio (greater than SD below the mean)

At least one of the following: leukopenia, thrombocytopenia, absolute lymphopenia, or anemia

Elevated serum globulins

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Depressed blastogenesis (pokeweed, phytohemagglutinin (PHA) mitogens)

Abnormal intradermal tests for delayed cutaneous hypersensitivity (using multitest or equivalent)

A repeatedly-reactive screening test for HIV-antibody (e-g, ELISA) and a positive supplemental test, such as a Western blot, and at least one of the following:

-- Palpable lymphadenopathy (lymph node enlargement of 1 cm or greater) at two or more extra-inguinal sites persisting for more than three months in the absence of a concurrent illness or condition other than HIV-infection to explain the finding.

-- One or more of the following: fever persisting more than one month; involuntary weight loss of greater than 10% of baseline; or diarrhea persisting more than one month; and the absence of two concurrent illnesses or conditions other than HIV-infection to explain the findings.

-- One or more of the following neurologic conditions: dementia; myelopathy or peripheral neuropathy; and the absence of a concurrent illness or condition other than HIV-infection to explain the findings.

-- Symptomatic or invasive disease due to one of the following: oral hairy leukoplakia; multidermatomal herpes zoster; recurrent salmonella bacteremia; rocardiosis; tuberculousis; or oral candidiasis (thrush).

"Blood Bank" means any facility or location at which blood or plasma are procured, furnished, donated, processed, stored or distributed.

"DEPARTMENT" MEANS THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH. (Section 3(a) of the AIDS Confidentiality Act.)

"Designated Agency" means a health care organization under a service agreement with the Department to function in the capacity of a Local Health Authority for the purposes of this Part, in a jurisdiction not covered by a Local Health Authority.

"HEALTH CARE PROVIDER" MEANS ANY PHYSICIAN, NURSE, PARAMEDIC, PSYCHOLOGIST OR OTHER PERSON PROVIDING MEDICAL, NURSING, PSYCHOLOGICAL, OR OTHER HEALTH CARE SERVICES OF ANY KIND. (Section 3(f) of the AIDS Confidentiality Act.)

"HEALTH FACILITY" MEANS A HOSPITAL, NURSING HOME, BLOOD BANK, BLOOD

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CENTER, SPERM BANK, OR OTHER HEALTH CARE INSTITUTION, INCLUDING ANY "HEALTH FACILITY" AS THAT TERM IS DEFINED IN THE ILLINOIS HEALTH FACILITIES AUTHORITY ACT. (Section 3(e) of the AIDS Confidentiality Act.)

"HIV" MEANS THE HUMAN IMMUNODEFICIENCY VIRUS. (Section 3(c) of the AIDS Confidentiality Act.)

"HIV-Infected" or "HIV infection" means infected with HIV, as evidenced by a confirmed laboratory test for antibodies to HIV as specified in Section 697.100, viral culture or positive antigen test or a clinical diagnosis of AIDS.)

"Laboratory" means any facility or location at which tests are performed to determine the presence of antibodies to HIV, other than blood banks.

"Legally Authorized Representative" means an individual who is authorized to consent to HIV testing and/or disclosure of HIV test results for an individual who is:

Under the age of twelve (12),

Deceased,

Declared incompetent by a court of law, or

Otherwise not competent to consent (for reasons other than age such as the apparent inability to understand or communicate with the health care provider) as determined by the health care provider seeking such consent.

The following individuals shall be authorized to consent, in the stated order of priority:

For a living or deceased child under the age of eighteen (18):

Parent, legal guardian or other court-appointed personal representative,

Adult next-of-kin.

For a living or deceased adult age eighteen (18) or over:

Agent authorized by durable power of attorney for health care,

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Legal guardian or other court-appointed personnel representative,

Spouse,

Adult children,

Parent,

Adult next-of-kin.

"Local Health Authority" means THE FULL-TIME OFFICIAL HEALTH DEPARTMENT OR BOARD OF HEALTH, HAVING JURISDICTION OVER A PARTICULAR AREA. (Illinois Sexually Transmissible Disease Control Act (111. Rev. Stat. 1987, ch. 111 1/2, par 7401 et seq.).

"PERSON" INCLUDES ANY NATURAL PERSON, PARTNERSHIP, ASSOCIATION, JOINT VENTURE, TRUST, GOVERNMENTAL ENTITY, PUBLIC OR PRIVATE CORPORATION, HEALTH FACILITY OR OTHER LEGAL ENTITY. (Section 3(h) of the AIDS Confidentiality Act.)

"Physician" means a physician licensed to practice medicine under the Medical Practice Act of 1987 (111. Rev. Stat. 1987, ch. 111 1/2, par 4401-1 et seq.).

"TEST" OR "HIV TEST" MEANS A TEST TO DETERMINE THE PRESENCE OF THE ANTIBODY OR ANTIGEN TO HIV, OR OF HIV INFECTION. (Section 3(g) of the AIDS Confidentiality Act.)

"WRITTEN INFORMED CONSENT" MEANS AN AGREEMENT IN WRITING EXECUTED BY THE SUBJECT OF A TEST OR THE SUBJECT'S LEGALLY AUTHORIZED REPRESENTATIVE WITHOUT UNDUE INDUCEMENT SUCH AS ANY ELEMENT OF FORCE, FRAUD, DECEIT, DURESS OR OTHER FORM OF CONSTRAINT OR COERCION (See, Appendix A, Illustration A.), WHICH ENTAILS AT LEAST THE FOLLOWING:

A FAIR EXPLANATION OF THE TEST, INCLUDING ITS PURPOSE, POTENTIAL USES, LIMITATIONS AND THE MEANING OF ITS RESULTS; AND

A FAIR EXPLANATION OF THE PROCEDURES TO BE FOLLOWED, INCLUDING THE VOLUNTARY NATURE OF THE TEST, THE RIGHT TO WITHDRAW CONSENT TO THE TESTING PROCESS AT ANY TIME prior to the completion of the laboratory tests, THE RIGHT TO ANONYMITY TO THE EXTENT PROVIDED BY LAW WITH RESPECT TO PARTICIPATION IN THE TEST AND DISCLOSURE OF TEST RESULTS, AND THE RIGHT TO CONFIDENTIAL TREATMENT OF INFORMATION IDENTIFYING THE SUBJECT OF THE TEST AND THE RESULTS OF THE TEST, TO THE EXTENT PROVIDED BY LAW. (Section 3(d) of the AIDS Confidentiality Act.)

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(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

Section 697.30 Incorporated Materials

The following materials are incorporated or referenced in this Part:

a) Illinois Statutes

- 1) AIDS Confidentiality Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7301 et seq., as amended by P.A. 85-1248, effective August 30, 1988, and P.A. 85-1399, effective September 2, 1988),
- 2) AIDS Registry Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7351 et seq., as amended by P.A. 85-1248, effective August 30, 1988),
- 3) Illinois Marriage and Dissolution of Marriage Act (Ill. Rev. Stat. 1987, ch. 40, par. 204),
- 4) AN ACT in relation to the prevention of certain communicable diseases (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 22.11 et seq., as amended by P.A. 85-1399, effective September 2, 1988).

b) Illinois Rules

- 1) Control of Communicable Disease Code (77 Ill. Adm. Code 690)† (See in particular Section 697.140(a)(4) of this Part),
- 2) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)‡ (See in particular Sections 697.140(a)(4) and 697.210(a) of this Part),
- 3) Clinical Laboratories and Blood Banks (77 Ill. Adm. Code 450) ‡ (See in particular Section 697.180(c) and (e)),
- 4) Blood Labeling Code (77 Ill. Adm. Code 460)‡ (See in particular Section 697.180(c) and (e) of this Part),
- 5) Sperm Bank and Tissue Bank Code (77 Ill. Adm. Code 470)‡ (See in particular Section 697.180(c) and (e)),
- 6) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)‡ (See in particular Section 697.40 of the Part).

c) Federal Rules

- 42 CFR 2a. 4(a) - (j) 2a., 6(a) - (b), and 2a. 7(a) - (b).

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d) Other Codes, Guidelines and Standards

- 1) "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," Centers for Disease Control. Mortality and Morbidity Weekly Report (MMWR) Suppl. 1987: 36 (No. 1S), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333. (See the definition of AIDS in Section 697.20)
 - 2) "AIDS Confidential Case Report" a form prepared by the Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, Office of Management and Budget No. 0920-0009. (1987) (See Section 697.210)
 - 3) Guidelines for the Management of Chronic Infectious Diseases in School Children. (See Section 697.410)
 - 4) "Classification Scheme for HIV Infection", Centers for Disease Control. Morbidity and Mortality Weekly Report (MMWR). Vol. 35, No. 20, May 23, 1986, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333.
- e) All citations to federal regulations in this Part concern the specified regulations in the 1987 Code of Federal Regulations, unless another date is specified.
- f) All incorporations by reference of federal regulations or standards and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

Section 697.110 HIV Pre-Test Information

- a) NO PHYSICIAN MAY ORDER AN HIV TEST WITHOUT MAKING AVAILABLE TO THE PERSON TESTED pre-test information, except as provided in subsection(b) below. The responsibility of providing pre-test information may not be delegated by the physician. However, the task of providing pre-test information to the patient may be delegated to another health care provider who is knowledgeable about HIV infection including possible medical and psychosocial aspects of such infection. The required pre-test information consists of the following information:

- 1) ABOUT THE MEANING OF THE TEST RESULTS (such as, the purpose, potential uses, limitations of the test and test results, and

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the statutory rights to anonymous testing and to confidentiality).

- 2) THE AVAILABILITY OF ADDITIONAL OR CONFIRMATORY TESTING, IF APPROPRIATE (See Section 697.100(b)), and
 - 3) THE AVAILABILITY OF REFERRALS FOR FURTHER INFORMATION OR COUNSELING. (Section 5 of the AIDS Confidentiality Act).
- b) Pre-test information when ordering an HIV test is not required in the following situations:
- 1) WHEN THE HEALTH CARE PROVIDER OR HEALTH FACILITY PROCURES, PROCESSES, DISTRIBUTES OR USES A HUMAN BODY PART DONATED FOR PURPOSES SPECIFIED UNDER THE UNIFORM ANATOMICAL GIFT ACT, or the Organ Donation Request Act AND THE TEST IS PERFORMED TO ASSURE THE MEDICAL ACCEPTABILITY OF THE HUMAN BODY PART. (Section 7 of the AIDS Confidentiality Act.)
 - 2) WHEN THE TESTING IS FOR THE PURPOSE OF RESEARCH AND PERFORMED IN SUCH A WAY THAT THE IDENTITY OF THE TEST SUBJECT IS NOT KNOWN AND MAY NOT BE RETRIEVED BY THE RESEARCHER, AND IN SUCH A WAY THAT THE TEST SUBJECT IS NOT INFORMED OF THE RESULTS OF THE TESTING. (Section 8 of the AIDS Confidentiality Act.)
 - 3) WHEN AN INSURANCE COMPANY, FRATERNAL BENEFIT SOCIETY, HEALTH SERVICES CORPORATION, HEALTH MAINTENANCE ORGANIZATION, OR ANY OTHER INSURER SUBJECT TO REGULATION UNDER THE ILLINOIS INSURANCE CODE, AS AMENDED, REQUIRES ANY INSURED PATIENT OR APPLICANT FOR NEW OR CONTINUED INSURANCE OR COVERAGE TO BE TESTED FOR INFECTION WITH HIV VIRUS OR ANY OTHER IDENTIFIED CAUSATIVE AGENT OF AIDS. (Section 3 of an Act concerning certain rights of medical patients, Ill. Rev. Stat. 1987, ch. III 172, par. 5403) (~~Section 20-1 of P.A. 85-671 and 85-679, effective September 21, 1987~~) (See Section 697.170.)
 - 4) WHEN IN THE JUDGMENT OF THE PHYSICIAN, SUCH TESTING IS MEDICALLY INDICATED TO PROVIDE APPROPRIATE DIAGNOSIS AND TREATMENT TO THE SUBJECT OF THE TEST, PROVIDED THAT THE SUBJECT OF THE TEST HAS OTHERWISE PROVIDED HIS OR HER CONSENT TO SUCH PHYSICIAN FOR MEDICAL TREATMENT. (Section 8 of the AIDS Confidentiality Act).

(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

Section 697.120 Written Informed Consent

- a) NO PERSON MAY ORDER PERFORM AN HIV TEST WITHOUT FIRST RECEIVING

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THE WRITTEN, INFORMED CONSENT OF THE SUBJECT OF THE TEST OR THE SUBJECT'S LEGALLY AUTHORIZED REPRESENTATIVE, except as provided in subsection (b). (Section 4 of the AIDS Confidentiality Act.)
~~For the purposes of this Section, the performance of an HIV test means to order the HIV test be conducted for a specific sample, not actually conducting the test on a specific sample. (See Appendix A, Illustration A, for a Sample Written Informed Consent Form)~~

- 1) This written informed consent and test results must be obtained by the physician ordering the test or by another physician involved in the patient's care.
 - 2) The responsibility of obtaining written informed consent may not be delegated by the physician. However, the task of obtaining written informed consent from the patient may be delegated to another health care provider who is knowledgeable about HIV infection, including possible medical and psychosocial aspects of such infection.
- b) Written informed consent to perform an HIV test is not required in the following situations:
- 1) WHEN THE HEALTH CARE PROVIDER OR HEALTH FACILITY PROCURES, PROCESSES, DISTRIBUTES OR USES A HUMAN BODY PART DONATED FOR PURPOSES SPECIFIED UNDER THE UNIFORM ANATOMICAL GIFT ACT, or the Organ Donation Request Act AND THE TEST IS PERFORMED TO ASSURE THE MEDICAL ACCEPTABILITY OF THE HUMAN BODY PART. (Section 7 of the AIDS Confidentiality Act.)
 - 2) WHEN THE HEALTH CARE PROVIDER OR HEALTH FACILITY PROCURES, PROCESSES, DISTRIBUTES OR USES SEMEN PROVIDED PRIOR TO SEPTEMBER 21, 1987, FOR THE PURPOSE OF ARTIFICIAL INSEMINATION AND THE TEST IS PERFORMED TO ASSURE THE MEDICAL ACCEPTABILITY OF THE SEMEN. (Section 7 of the AIDS Confidentiality Act.)
 - 3) WHEN THE TESTING IS FOR THE PURPOSE OF RESEARCH AND PERFORMED IN SUCH A WAY THAT THE IDENTITY OF THE TEST SUBJECT IS NOT KNOWN AND MAY NOT BE RETRIEVED BY THE RESEARCHER, AND IN SUCH A WAY THAT THE TEST SUBJECT IS NOT INFORMED OF THE RESULTS OF THE TESTING. (Section 8 of the AIDS Confidentiality Act.)
 - 4) WHEN AN HIV TEST IS PERFORMED UPON A PERSON WHO IS SPECIFICALLY REQUIRED BY state or federal law to be tested, such as marriage license applicants, blood, plasma, semen and human tissue donors, immigrants to the United States, and persons required to be tested pursuant to Section 4 of "AN ACT in relation to blood and acquired immunodeficiency syndrome" (Section 4 of P.A. 85-935, effective December 2, 1987). (Section 11 of the AIDS

Confidentiality Act.)

5) WHEN AN INSURANCE COMPANY, FRATERNAL BENEFIT SOCIETY, HEALTH SERVICES CORPORATION, HEALTH MAINTENANCE ORGANIZATION, OR ANY OTHER INSURER SUBJECT TO REGULATION UNDER THE ILLINOIS INSURANCE CODE, AS AMENDED REQUIRES ANY INSURED PATIENT OR APPLICANT FOR NEW OR CONTINUED INSURANCE OR COVERAGE TO BE TESTED FOR INFECTION WITH HIV VIRUS OR ANY OTHER IDENTIFIED CAUSATIVE AGENT OF AIDS. (Section 3 of an Act concerning certain rights of medical patients, Ill. Rev. Stat. 1987, ch. 111 1/2, par. 5403 (Section 20.1 of P.A. 85-677 and 85-679, effective September 21, 1987.) (See Section 697.160.))

6) WHEN A HEALTH CARE PROVIDER OR EMPLOYEE OF A HEALTH FACILITY, OR A FIREFIGHTER OR AN EMT-A OR AN EMT-I, IS INVOLVED IN AN ACCIDENTAL DIRECT SKIN OR MUCOUS MEMBRANCE CONTACT WITH THE BLOOD OR BODY FLUIDS OF AN INDIVIDUAL WHICH IS OF A NATURE THAT MAY TRANSMIT HIV, AS DETERMINED BY A PHYSICIAN IN HIS MEDICAL JUDGMENT, SHOULD SUCH TEST PROVE TO BE POSITIVE, THE PATIENT SHALL BE PROVIDED APPROPRIATE COUNSELING CONSISTENT WITH THIS ACT (Section 7 of the AIDS Confidentiality Act).

7) WHEN IN THE JUDGMENT OF THE PHYSICIAN, SUCH TESTING IS MEDICALLY INDICATED TO PROVIDE APPROPRIATE DIAGNOSIS AND TREATMENT TO THE SUBJECT OF THE TEST, PROVIDED THAT THE SUBJECT OF THE TEST HAS OTHERWISE PROVIDED HIS OR HER CONSENT TO SUCH PHYSICIAN FOR MEDICAL TREATMENT. (Section 8 of the AIDS Confidentiality Act).

(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

Section 697.130 Anonymous Testing

ANY PERSON UPON WHOM AN HIV TEST IS PERFORMED SHALL HAVE THE RIGHT, under all circumstances except those which are specifically mentioned below, TO REQUEST ANONYMITY AND TO PROVIDE WRITTEN INFORMED CONSENT BY USING A CODED SYSTEM THAT DOES NOT LINK INDIVIDUAL IDENTITY WITH THE REQUEST OR THE RESULT EXCEPT WHEN WRITTEN INFORMED CONSENT IS NOT REQUIRED BY LAW as specified in Section 697.120. (Section 6 of the AIDS Confidentiality Act.) Any anonymous testing system adopted by the health care provider ordering the test must ensure that the correct test results are transmitted by the persons conducting the laboratory tests to the proper physician, and that the correct test results are given to the correct patient. When a test subject does not have the right to request anonymity, the test subject may request that the blood sample be labeled in such a manner as to prevent persons from learning the identity of the test subject unless such persons are authorized to receive such information pursuant to Section 697.140 of this Part.

a) If anonymous testing is requested, the physician shall assign to such

person a unique number or notation, which shall be used by the person to sign the written informed consent in lieu of the person's name. The blood sample for testing shall be labeled with the physician's name and the unique number or notation assigned to the patient for the purpose of receiving the test results. Unless otherwise authorized by the patient, any record of the test result shall be maintained in a manner identifying the record only by its unique number or notation.

b) Anonymous testing shall not be permitted under the following circumstances:

- 1) When identification of the test subject is permitted or required in order to comply with the provisions of Section 697.140(a)(3) or (6) of this Part,
- 2) If the test is conducted to satisfy the requirements of a marriage application. (See Section 697.150 of this Part.) In such a case, the test subject may only request that the blood sample be labeled in such a manner as to prevent persons other than the physician from learning the identity of the test subject,
- 3) If the test is performed in order to determine eligibility as a donor or acceptability of a donation of blood, plasma, semen or other human tissue, or
- 4) If the test is conducted for the purpose of donating blood by a licensed blood bank.

(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

Section 697.140 Nondisclosure of the Identity of a Person Tested or Test Results

a) NO PERSON MAY DISCLOSE OR BE COMPELLED TO DISCLOSE THE IDENTITY OF ANY PERSON UPON WHOM A TEST IS PERFORMED, OR THE RESULTS OF SUCH A TEST IN A MANNER WHICH PERMITS IDENTIFICATION OF THE SUBJECT OF THE TEST, EXCEPT TO THE FOLLOWING PERSONS:

- 1) THE SUBJECT OF THE TEST OR THE SUBJECT'S LEGALLY AUTHORIZED REPRESENTATIVE;
- 2) ANY PERSON DESIGNATED IN A LEGALLY EFFECTIVE RELEASE (i.e., a written release signed by the test subject) OF THE TEST RESULTS EXECUTED BY THE SUBJECT OF THE TEST OR THE SUBJECT'S LEGALLY AUTHORIZED REPRESENTATIVE;

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- 3) AN AUTHORIZED AGENT OR EMPLOYEE OF A HEALTH FACILITY OR HEALTH CARE PROVIDER or referring, treating or consulting physician of the test subject, IF THE HEALTH FACILITY OR HEALTH CARE PROVIDER ITSELF IS AUTHORIZED TO OBTAIN THE TEST RESULTS, THE AGENT OR EMPLOYEE or referring, treating or consulting physician of the test subject PROVIDES PATIENT CARE OR HANDLES OR PROCESSES SPECIMENS OF BODY FLUIDS OR TISSUES, AND THE AGENT OR EMPLOYEE or referring, treating or consulting physician of the test subject HAS A NEED TO KNOW SUCH INFORMATION. AN AUTHORIZED AGENT OR EMPLOYEE OF A HEALTH FACILITY OR HEALTH CARE PROVIDER or referring, treating or consulting physician has a NEED TO KNOW the identity of the patient or the test results revealing the identity of the patient under the following circumstances:
 - A) When involved in direct patient care or handling or processing blood or bodily fluids for which this information is necessary in order to meet the medical needs of the patient, as certified by a physician, or
 - B) When involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of a patient which is of a nature likely to transmit HIV, such as needle stick or percutaneous exposure, as certified by a physician.
- 4) THE DEPARTMENT or the Local Health Authority, IN ACCORDANCE WITH RULES FOR REPORTING AND CONTROLLING THE SPREAD OF DISEASE, AS OTHERWISE PROVIDED BY STATE LAW (See 77 Ill. Adm. Code 690 and 693.);
- 5) A HEALTH FACILITY OR HEALTH CARE PROVIDER WHICH PROCURES, PROCESSES, DISTRIBUTES OR USES:
 - A) A HUMAN BODY PART FROM A DECEASED PERSON WITH RESPECT TO MEDICAL INFORMATION REGARDING THE PERSON; OR
 - B) SEMEN PROVIDED PRIOR TO SEPTEMBER 21, 1987, FOR THE PURPOSE OF ARTIFICIAL INSEMINATION;
- 6) HEALTH FACILITY STAFF COMMITTEES FOR THE PURPOSES OF CONDUCTING PROGRAM MONITORING, PROGRAM EVALUATION OR SERVICE REVIEWS;
- 7) A PERSON ALLOWED ACCESS TO SAID RECORD BY A COURT ORDER WHICH IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF Section 9(g) of the AIDS Confidentiality Act;
- 8) A county clerk shall not be informed of the test results of

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- 9) A school principal in accordance with the provisions of Section 697.400 of this Part.
- 10) ANY HEALTH CARE PROVIDER OR EMPLOYEE OF A HEALTH FACILITY, AND ANY FIREFIGHTER OR ANY EMERGENCY MEDICAL TECHNICIAN-AMBULANCE (EMT-A) OR ANY EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I), INVOLVED IN AN ACCIDENTAL DIRECT SKIN OR MUCOUS MEMBRANE CONTACT WITH THE BLOOD OR BODILY FLUIDS OF AN INDIVIDUAL WHICH IS OF A NATURE THAT MAY TRANSMIT HIV, AS DETERMINED BY A PHYSICIAN IN HIS MEDICAL JUDGMENT. (Section 9(h) of the AIDS Confidentiality Act).
- b) HIV test results may be disclosed to health care providers and researchers when done in a manner which does not reveal the identity of the subject of the test. Any test results which cannot be revealed without identifying the subject of the test shall only be disclosed in accordance with the provisions of subsection Subsections-697.149 (a) (1) through (9) specified above. The Department shall disclose test results and demographic data without identifying information to researchers in accordance with Section 697.220.
- c) The written informed consent form and HIV test results shall be maintained in a confidential manner which allows disclosure only to persons authorized to receive the information under the provisions of subsections (a)(1) through (9) specified above.
 - 1) The written informed consent form and HIV test results may be maintained in a patient's medical record provided these materials are maintained in such a manner that does not permit disclosure to persons who may review the patient's medical record, but are not authorized to receive this information.
 - 2) Any procedure utilized to maintain this information in a patient's medical record must be uniform and consistent for all patient records, in order to prevent revealing the existence or contents of this information. A procedure is uniform if medical records containing written informed consent forms and HIV test results cannot be distinguished from medical records which do not contain such information, unless the medical record is accessed and read. An example of such a procedure is one which establishes a segregated or separate confidential sealed portion

applicants for marriage licenses. County clerks shall only be informed by way of a physician's certificate that the required tests have been performed and the parties have been informed of the results in accordance with the provisions of Section 697.150 of this Part;

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of the medical record in every patient record with access restricted to persons authorized to receive the contents.

d) Liability and Sanctions

1) NOTHING IN THIS ACT SHALL BE CONSTRUED TO IMPOSE CIVIL LIABILITY OR CRIMINAL SANCTION FOR DISCLOSURE OF A TEST RESULT IN ACCORDANCE WITH ANY REPORTING REQUIREMENT OF THE DEPARTMENT FOR A DIAGNOSED CASE OF HIV INFECTION, AIDS OR A RELATED CONDITION. (Section 15 of the AIDS Confidentiality Act.)

2) NOTHING IN THIS ACT SHALL BE CONSTRUED TO IMPOSE CIVIL OR CRIMINAL SANCTION FOR PERFORMING A TEST WITHOUT WRITTEN INFORMED CONSENT PURSUANT TO THE PROVISIONS OF SUBSECTION (b) OF SECTION 7 OF THE AIDS CONFIDENTIALITY ACT. (Section 15 of the AIDS Confidentiality Act.)

3) THE INTENTIONAL OR RECKLESS VIOLATION OF THE AIDS CONFIDENTIALITY ACT OR ANY REGULATION ISSUED HEREUNDER SHALL CONSTITUTE A CLASS B MISDEMEANOR. (Section 12 of the AIDS Confidentiality Act.)

e) Sections 697.110, 697.120, 697.130 and 697.140 SHALL NOT APPLY TO eligibility and coverage requirements established by A HEALTH MAINTENANCE ORGANIZATION NOR TO ANY INSURANCE COMPANY, FRATERNAL BENEFIT SOCIETY, OR OTHER INSURER REGULATED UNDER THE "ILLINOIS INSURANCE CODE," AS AMENDED. (Section 15.1 of the AIDS Confidentiality Act.)

(Section: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

SUBPART E: MISCELLANEOUS PROVISIONS

Section 697.400 Notification of School Principals

a) WHENEVER A CHILD OF SCHOOL AGE IS REPORTED TO THE DEPARTMENT OR TO A LOCAL HEALTH DEPARTMENT AS HAVING BEEN DIAGNOSED AS HAVING AIDS OR ARC OR AS HAVING BEEN SHOWN TO HAVE BEEN EXPOSED TO HUMAN IMMUNE DEFICIENCY VIRUS (HIV) (OR ANY OTHER IDENTIFIED CAUSATIVE AGENT OF AIDS) BY TESTING POSITIVE ON A WESTERN BLOT ASSAY OR MORE RELIABLE TEST as specified in Section 697.100, SUCH DEPARTMENT SHALL GIVE PROMPT (within three working days) AND CONFIDENTIAL NOTICE OF THE IDENTITY OF THE CHILD TO THE PRINCIPAL OF THE SCHOOL IN WHICH THE CHILD IS ENROLLED. IF THE CHILD IS ENROLLED IN A PUBLIC SCHOOL, THE PRINCIPAL SHALL DISCLOSE THE IDENTITY OF THE CHILD TO THE SUPERINTENDENT OF THE SCHOOL DISTRICT IN WHICH THE CHILD RESIDES. (Section 22.12a of "AN ACT in relation to the prevention of certain

communicable diseases") (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 22.11 et seq., as amended by P.A. 85-1399, effective September 2, 1988). School age is defined as between ages 5 and 21 by Section 10-20.12 of The School Code (Ill. Rev. Stat. 1987, ch. 122, par. 10-20.12) and between ages 3 and 21 for handicapped children by the Education For All Handicapped Children Act (20 U.S.C. Section 1412 (1)(B)). Diagnosed cases and laboratory results are reported to the Department in accordance with the provisions of the "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693). If the child resides in a county or city governed by a full-time Local Health Authority, such notification shall be the responsibility of the Local Health Authority. In all other cases, such notification shall be the responsibility of the Department. The Local Health Authority or the Department shall offer assistance to the principal concerning HIV, the availability of counseling and training, and guidelines for management of the child in the classroom.

b) UPON RECEIPT OF SUCH NOTICE, THE PRINCIPAL MAY, AS NECESSARY such as when a student needs medical attention or must take medication during school attendance, or when the student's clinical condition necessitates other such services, DISCLOSE THE IDENTITY OF AN INFECTED CHILD TO THE SCHOOL NURSE AT THAT SCHOOL, AND THE CLASSROOM TEACHERS IN WHOSE CLASSES THE CHILD IS ENROLLED, THOSE PERSONS WHO, PURSUANT TO FEDERAL OR STATE LAW, ARE REQUIRED TO DECIDE THE PLACEMENT OR EDUCATIONAL PROGRAM OF THE CHILD. IN ADDITION, THE PRINCIPAL MAY INFORM SUCH OTHER PERSONS AS MAY BE NECESSARY in the opinion of the principal THAT AN INFECTED CHILD IS ENROLLED AT THAT SCHOOL SO LONG AS THE CHILD'S IDENTITY IS NOT REVEALED. (Section 22.12a of "AN ACT in relation to the prevention of certain communicable diseases") (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 22.11 et seq.)

c) No person to whom the child's identity is disclosed may disclose such information to any other person except as permitted by law (Sections 9 and 10 of the AIDS Confidentiality Act).

(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

Appendix B Statutory and Regulatory References to AIDS

a) The following is a list of statutory and regulatory references found in Illinois:

- 1) Sections 5-1.1, 5-2 and 5-5.5 of the Illinois Public Aid Code (Ill. Rev Stat. 1987, ch. 23, pars. 5-1.1, 5-2 and 5-5.5, as amended by P.A. 85-1206, effective August 30, 1988)

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- 2) Section 1005-5-3 of the Unified Code of Corrections (Ill. Rev. Stat. 1987, ch. 38, par. 1005-5-3)
- 3) Section 204 of the Illinois Marriage and Dissolution of Marriage Act (Ill. Rev. Stat. 1987, ch. 40, par. 204) (See 77 Ill. Adm. Code 693 and 697 for Department rules.)
- 4) Section 22.04 of "AN ACT in relation to public health" (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 22.04).
- 5) Section 22.12a of "AN ACT in relation to the prevention of certain communicable diseases" (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 22.12a, as amended by P.A. 85-1399, effective September 2, 1988) (See 77 Ill. Adm. Code 697.400 for Department rules.)
- 6) Section 308 of the Uniform Anatomical Gift Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 308)
- 7) Sections 147.08 and 152.2 of the Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 141 et seq.) (See 77 Ill. Adm. Code 250 for Department rules.)
- 8) Section 604-101, 607-102 and 607-106 of the Illinois Blood Bank Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 601-101 et seq.) (See 77 Ill. Adm. Code 450 and 460 for Department rules.)
- 9) Section 620-3.1 of The Blood Labeling Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 6201 et seq.) (See 77 Ill. Adm. Code 450 and 460 for Department rules.)
- 10) Section 1162 of the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 1151 et seq.) (See 77 Ill. Adm. Code 1110 for Department rules.)
- 11) Sections 2.04 and 3 of "AN ACT concerning certain rights of medical patients" (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 5401 et seq.) (See 77 Ill. Adm. Code 697.)
- 12) Section 6 of the Illinois Health Statistics Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 5606)
- 13) Section 4-101 of the Illinois Alcoholism and other Drug Dependency Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 6354-1, as amended by P.A. 85-1205, effective August 30, 1988)
- 14) AIDS Registry Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7357

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- et seq., as amended by P.A. 85-1248, effective August 30, 1983) (See 77 Ill. Adm. Code 697, Subpart C for Department rules.)
- 15) AIDS Confidentiality Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7301 et seq., as amended by P.A. 85-1248, effective August 30, 1988, and P.A. 85-1399, effective September 2, 1988) (See 77 Ill. Adm. Code 697 for Department rules.)
- 16) Illinois Sexually Transmissible Disease Control Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 7401 et seq.) (See 77 Ill. Adm. Code 693 for Department rules.)
- 17) Section 363 of the Critical Health Problems and Comprehensive Health Education Act (Ill. Rev. Stat. 1987, ch. 122, par. 363)
- 18) Sections 10-22.39, 27-9.1, 27-9.2 and 34-18.7 of The School Code (Ill. Rev. Stat. 1987, ch. 122, pars. 10-22.39, 27-9.1, 27-9.2 and 34-18.7)
- 19) Section 21 of "AN ACT in relation to communicable disease reports" (Ill. Rev. Stat. 1987, ch. 126, par. 21) (See 77 Ill. Adm. Code 690 for Department rules.)
- 20) Sections 55, 55.11, 55.41, 55.45 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1987, ch. 127, par. 55 et seq., as amended by P.A. 85-1248, effective August 30, 1988) (See 77 Ill. Adm. Code 693 and 697 for Department rules.)
- b) ~~Statutory materials may be obtained from the Index-Department of the Secretary of State's Office and will be compiled in the compilation known as the Illinois Revised Statutes.~~
- b e) Regulatory materials may be obtained from the Administrative Code Division of the Secretary of State's Office or the promulgating agency.

(Source: Amended at 13 Ill. Reg. 11544, effective July 1, 1989)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS1) Heading of the Part:

Child Health Examination

2) Code Citation:

77 Ill. Adm. Code 665

3) Section Numbers:665.610
665.620
665.630
665.640
Appendix AAdopted Action:New Section
New Section
New Section
New Section4) Statutory Authority:Illinois School Code
Ill. Rev. Stat. 1987, ch. 122, par. 27-8.1 et seq.5) Effective Date of Rules:

July 1, 1989

6) Does this Rulemaking Contain an Automatic Repeal Date? Yes ☐ No ☒

If "yes," please specify date:

7) Does this Rulemaking Contain Any Incorporations by Reference?Yes ☐ No ☒If "yes," please specify type: 6.02(a) ☐ or 6.02(b) ☐If "6.02(o)," was a copy of the approval form issued by the Joint Committee attached to this rulemaking? Yes ☐ No ☐8) Date Filed in Agency's Principal Office:

July 1, 1989

9) Date Notice(s) of Proposal was Published in Illinois Register:

December 2, 1988 - 12 Ill. Reg. 19884

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? Yes ☐ No ☒

If "yes," please complete the following:

A) Statement of Objection: ☐ Ill. Reg. ☐B) Agency Response: ☐ Ill. Reg. ☐C) Date Agency Response Submitted for Approval to the Joint Committee:11) Difference Between Proposal and Final Version:

The following changes were made in response to comments received during the first notice or public comment period:

There were no changes during the first notice period.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

To add the following in Section 665.640: Indigent students are those students eligible for the "free breakfast and lunch program" under "All ACT authorizing school boards and welfare centers to sponsor community school lunch programs and free breakfast and lunch programs and authorizing and requiring free school lunch programs, providing for State reimbursement (Ill. Rev. Stat. 1987, ch. 122, par. 712.1 et seq.)."

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect?Yes ☐ No ☒14) Are there any other Amendments Pending on this Part? Yes ☐ No ☒

DEPARTMENT OF PUBLIC HEALTH

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If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
-----------------	-----------------	--------------------

15) Summary and Purpose of Rules:

The Illinois School Code is amended to permit school districts to require vision examinations as an additional component of the current health examination. These vision examinations, if completed, must be provided by physicians licensed to practice medicine in all its branches or licensed optometrists. The changes have no impact on the current vision screening test requirements provided by certified technicians.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER 1: MATERNAL AND CHILD HEALTH

PART 665
CHILD HEALTH EXAMINATION

SUBPART A: GENERAL PROVISIONS

Section
665.100
665.110

Statutory Authority
General Considerations

SUBPART B: HEALTH EXAMINATION

Section
665.120
665.130
665.140
665.150
665.160
665.210
665.220
665.230
665.240
665.250
665.260
665.270
665.280

Health Examination Requirement
Signature of Physician
Time Examinations to be Conducted
Report Forms
Proof of Examination
Proof of Immunizations
Local School Authority
School Entrance
Basic Immunization
Proof of Immunity
Booster Immunizations
Compliance with the Law
Physician Statement of Immunity

SUBPART C: VISION AND HEARING SCREENING

Section
665.310

Vision and Hearing Screening

SUBPART D: DENTAL EXAMINATION

Section
665.410
665.420
665.430
665.440

Dental Examination Recommendation
Dental Examination
Dental Examination Record
Guidelines

SUBPART E: EXCEPTIONS

Section
665.510
665.520

Objection of Parent or Legal Guardian
Medical Objection

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART F: VISION EXAMINATION

Section
665.610 Vision Examination Recommendation
665.620 Vision Examination
665.630 Vision Examination Report
665.640 Indigent Students

Appendix A Vision Examination Report

AUTHORITY: Implementing and authorized by Section 27-8.1 of The School Code (111. Rev. Stat. 1987, ch. 122, par. 27-8.1).

SOURCE: Emergency rules adopted at 4 111. Reg. 38, p. 375, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 111. Reg. 41, 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 111. Reg. 1403, effective January 29, 1981; codified at 8 111. Reg. 8921; amended at 11 111. Reg. 11791, effective June 29, 1987; amended at 13 111. Reg. 11565, effective July 1, 1989.

NOTE: Capitalization denotes statutory language.

SUBPART F: VISION EXAMINATIONSection 665.610 Vision Examination Recommendation

It is recommended, but not required, that a vision examination including ophthalmoscopy and subjective refraction be performed on public, private/independent, and parochial school students by physicians licensed to practice medicine in all of its branches, the Medical Practice Act of 1987, (111. Rev. Stat. 1987, ch. 111, par. 4400-1 et seq.) or a licensed optometrist, the Illinois Optometric Practice Act of 1987, (111. Rev. Stat. 1987, ch. 111, par. 3901 et seq.).

(Source: Added at 13 111. Reg. 11565, effective July 1, 1989)

Section 665.620 Vision Examination

If a vision examination is performed, it shall not be performed in the place of, or rather than performing vision screening, and shall be conducted within one year:

- a) Prior to the date of entering kindergarten/first grade;
- b) Prior to the date of entering the fifth grade;
- c) And again prior to the date of entering the ninth grade;
- d) For students attending school programs where grade levels are not assigned, examinations shall be completed prior to the date of entering and within one year prior to the ages of 5, 10 and 14.

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(Source: Added at 13 111. Reg. 11565, effective July 1, 1989)

Section 665.630 Vision Examination Report

If performed, the vision examination shall be recorded on the Vision Examination Report prescribed by the Illinois Department of Public Health for statewide use and presented to the local school authority. (See Appendix A Vision Examination Report.)

(Source: Added at 13 111. Reg. 11565, effective July 1, 1989)

Section 665.640 Indigent Students

School districts opting to require vision examinations as a part of the health examination shall ensure vision examinations are made available for indigent students. Indigent students are those students eligible for the "free breakfast and lunch program" under "AN ACT authorizing school boards and welfare centers to sponsor community school lunch programs and free breakfast and lunch programs and authorizing and requiring free school lunch programs, providing for State reimbursement" (111. Rev. Stat. 1987, ch. 122, par. 712.1 et seq.).

(Source: Added at 13 111. Reg. 11565, effective July 1, 1989)

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NOTICE OF ADOPTED AMENDMENTS

APPENDIX A VISION EXAMINATION REPORT

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

APPENDIX A VISION EXAMINATION REPORT (continued)

(Source: Added at 13 Ill. Reg. 11565, effective July 1, 1989)

Name	
(Last)	(First)
Date _____	
State of Illinois VISION EXAMINATION REPORT	
White - Yellow - Doctor's Referral File	
Name (Last) _____	Birth Date (Mo) _____ (Day) _____ (Yr) _____
Parent or Guardian (Last) _____	Sex _____ Grade _____
Address (Number) _____ (Street) _____	Phone (Area Code) _____
City _____	County _____
Testing Location _____	Testing Agency _____
Tester _____	
TO BE COMPLETED FOLLOWING SCREENING	
TEST GIVEN:	
1. Instrument Used:	
a. <input type="checkbox"/> Visual Acuity	
b. <input type="checkbox"/> Plus Sphere	
c. <input type="checkbox"/> Muscle Balance	
d. <input type="checkbox"/> Near and Far Binocular Vision	
e. <input type="checkbox"/> Other _____	
REASON FOR REFERRAL:	
1. <input type="checkbox"/> Visual Acuity	
2. <input type="checkbox"/> Plus Sphere	
3. <input type="checkbox"/> Muscle Balance - Phoria	
4. <input type="checkbox"/> Near and Far Binocular Vision - Fusion	
SYMPTOMS NOTED:	
1. <input type="checkbox"/> Academic Achievement	
2. <input type="checkbox"/> Observable Signs _____	
TO THE DOCTOR	
CHILDREN WEARING GLASSES OR UNDER CARE	
Children wearing glasses or under care are not screened as part of the routine vision screening program. Observations by screening technicians possibly indicate the following:	
<input type="checkbox"/> Frames broken/too small	
<input type="checkbox"/> Lenses scratched/broken	
Other: _____	
TO BE COMPLETED BY EXAMINING DOCTOR	
PLEASE CHECK IF APPROPRIATE	
<input type="checkbox"/> Treatment recommended	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Glasses	
<input type="checkbox"/> Contact Lenses	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Corrective Lens prescribed	
<input type="checkbox"/> Constant Wear	
<input type="checkbox"/> Near Vision only	
<input type="checkbox"/> Far Vision only	
<input type="checkbox"/> May be removed for physical education	
<input type="checkbox"/> Visual field restriction	
<input type="checkbox"/> Amblyopia exists	
<input type="checkbox"/> Muscle imbalance exists	
<input type="checkbox"/> Close work may be difficult or cause fatigue	
<input type="checkbox"/> Preferential seating needed	
<input type="checkbox"/> Re-examination advised	
<input type="checkbox"/> Six months	
<input type="checkbox"/> Twelve months	
<input type="checkbox"/> Other _____	
Please print or stamp	
Doctor's Name: _____	
Address: _____	
City: _____	
Date of Examination: _____	
Doctor's Signature _____	
IMPORTANT NOTICE	
This state agency is requesting disclosure of information that is necessary to the state for the purpose of conducting a study on the health of the state. The information requested is confidential and its disclosure is prohibited by the Freedom of Information Act (5 U.S.C. 552). The information requested is necessary for the state to conduct its business and to provide services to the public. The information requested is necessary for the state to conduct its business and to provide services to the public. The information requested is necessary for the state to conduct its business and to provide services to the public.	
CONSENT OF PARENT OR GUARDIAN	
I agree to release the above information on my child or ward to appropriate school or health authorities.	
Parent or Guardian's Signature _____	
Date _____	
DPH V.4	
4-82	

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS1) Heading of the Part:

Illinois Clinical Laboratories Code

2) Code Citation:

77 Ill. Adm. Code 450

3) Section Numbers:

450.5
450.10, 450.20, 450.30
450.35, 450.40, 450.50, 450.60
450.210, 450.220, 450.230
450.310, 450.320, 450.330
450.410, 450.420, 450.430
450.440, 450.450, 450.510, 450.520
450.530, 450.540, 450.550
450.560, 450.570
450.610, 450.710, 450.720
450.730
450.810, 450.820, 450.830
450.835, 450.840
450.845, 450.848, 450.850
450.860, 450.870
450.920, 450.930, 450.940
450.950, 450.1010, 450.1110
450.1120, 450.1130, 450.1140
450.1150, 450.1155, 450.1200
450.1300, 450.1310, 450.1320
450.1330,
Appendix A, Appendix B, Appendix C

Adopted Action:
New Section
Amendments
New Sections
Amendments
Amendments
Amendments
Repealer
Repealer
Amendments
Amendments
Repealer
Repealer
Repealer
Repealer
Amendments
Amendments
Amendments
Amendments
Amendments
New Sections

4) Statutory Authority:

Illinois Clinical Laboratory Act
Ill. Rev. Stat. 1987, ch. 111 1/2, par. 621-101 et seq., as amended by
Public Acts 85-1025, effective June 30, 1988, 85-1202, effective August
25, 1988, 85-1251, effective August 30, 1988.

5) Effective Date of Rules:

July 1, 1989 and September 1, 1989

6) Does this Rulemaking Contain an Automatic Repeal Date? Yes ☐ No ☒

If "yes," please specify date:

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Committee attached to this rulemaking? Yes ☒ No ☐8) Date Filed in Agency's Principal Office:

July 1, 1989

9) Date Notice(s) of Proposal was Published in Illinois Register:

February 24, 1989 - 13 Ill. Reg. 2249

10) Has the Joint Committee on Administrative Rules issued a Statement of
Objections to this/these Rules? Yes ☐ No ☒

If "yes," please complete the following:

A) Statement of Objection: ☐ Ill. Reg. ☐B) Agency Response: ☐ Ill. Reg. ☐C) Date Agency Response Submitted for Approval to the Joint Committee:11) Difference Between Proposal and Final Version:

The following changes were made in response to comments received during
the first notice or public comment period:

Section 450.5(b), the Department will add at the end:

(See Appendix C Registration, Permit, and License Requirements - An
Overview.)

In Section 450.5 (b)(1)(A), the Department will delete the following
language: "personally performed by a physician, podiatrist or dentist and
the following tests."

In Section 450.5 (b)(2)(A), the Department will add the following
language: "and those tests or categories of tests set forth by
regulations" after the phrase "simple tests."

In Section 450.5 (b)(2)(A), the Department will replace the following
language: "rulemaking and some or all testing is done by someone other
than the physician, podiatrist or dentist." with "Part. Some or all

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testing may be done by a laboratory assistant under the direction of the physician, podiatrist or dentist."

In Section 450.5 (b)(2)(B)(iii), the Department will add the language "when available from an approved proficiency testing service" after the term "laboratory."

In Section 450.5 (b)(5)(B)(i), the Department will add the following language: "in all its branches" after the term "medicine."

In Section 450.10 the following definition of "Minor Test" will be added:

"Minor Test" means any uncomplicated laboratory examinations and procedures which the Director of the Department determines have an insignificant risk of erroneous result including those which have been approved by the United States Food and Drug Administration for home use, which employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible. Tests determined by the Director to be "minor" and permissible for a Registration class laboratory are set forth in Section 450.35(a).

In Section 450.10 Definition of "Simple Test," the Department will delete following language:

Such tests include the following as examples:

When used below the following notations refer to: "V" represents the "Vision" by Abbott Laboratories, "S" represents the "Seralyzer" by Ames Division of Miles Laboratories, "R" represents the "Reflotron" by Boehringer Mannheim, "E" represents the "Ektochem D160" by Eastman Kodak Company, "G" represents the "QBC" by Becton Dickinson "C" represents the "coumatrak" by DuPont "D" represents the "Chem Pro 500" by Johnson and Johnson "H" represents the "Digital Urinometer" by Biovation "T" represents the "Coulter T-series" by Coulter Electronics, Inc. "A" represents the "Model 614 Na/K and 634 Ca/PH and 644 Na/K/Cl

albumin using V
alkaline phosphatase using V or E
alanine amino transferase (ALT) using V, S, R or E
ammonid using E
amylase using V, R or E
aspartate amino transferase (AST) using V, S, R or E
bilirubin (total) using V, S, R or E
calcium using V or E
chloride using E
cholesterol using V, S, R or E
creatinine phosphokinase (CPK) using S or E
creatinine using V, S or E
glutamyl transpeptidase (GGT) using V, R or E

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HDL-cholesterol using V or E
hemoglobin using V, S, R or E
inorganic phosphorus using E
lactic dehydrogenase using V, S or E
analyses by Cebd Corning
platelet count using B, T
white blood cell count using B, T
total granulocyte count using B
total lymphocyte count using B
red blood cell count using T
hematocrit using T
mean cell volume of RBCs using T
prothrombin time using C
mean corpuscular Hgb using T
mean corpuscular Hgb concentration using T
urine specific gravity using H
lipase using E
carbon dioxide using E
magnesium using E or
potassium using V, S or E
sodium using E or
theophylline using V, S or E
total protein using V or E
triglycerides using V, S, R or E
urea nitrogen (BUN) using V, S, R or E
uric acid using V, S, R or E
C-reactive protein using V

In addition, the Department will add the following language at the end of the definition of "Simple Test":

"The Department will compile a list of tests and test procedures which it determines meets the definition of a simple test. Such compilation will be available upon request and updated annually."

In Section 450.10 Definition of "Simple Test," the Department will replace "(i.e. no more than five sequential steps should not include sample acquisition or sample preparation such as centrifuge to obtain serum)" with "(i.e. no more than five)".

In the list of examples of "Simple Test," the Department will add the following: "Abuscreen ONTRAK for Drugs of Abuse cocaine, tetrahydrocannabinol, morphine, barbiturates, amphetamines by HLR Service Corporation, 8 Ridgeway Drive Ellington, Connecticut 06029.

In the list of examples of "Simple Test," the Department will add the following: "ADx [fillin list of drugs] by Abbott Laboratories.

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In Section 450.10 Definition of "Simple Test," the Department will change the term "OF" to "OR."

In Section 450.20 (f), the Department will delete this subsection and add the following as a new introductory paragraph for Section 450.20:

An application for a Permit or a License must be submitted to the Department by October 1, 1989. The Department shall issue the appropriate permits and licenses by January 1, 1990. All laboratories which comply with this deadline will be permitted to continue operation until receipt of a permit or license or denial of application for a permit or license from the Department. Registration laboratories must file a registration form with the Department by October 1, 1989.

In Section 450.30(b)(3), the Department will replace "permit" with "permit or register."

In Section 450.35 (a), the Department will delete the existing language and add the following new language:

a) Registration Class Laboratories as defined in Section 1-103 of the Act may perform the following tests:

1) Specific tests and test procedures permissible are the following:

- A) Urinalysis measured by the use of a chemically impregnated strip (dipstick) or tablet;
- B) Hematocrit by centrifugation;
- C) Occult blood;
- D) Urine pregnancy testing (semi-quantitative chorionic gonadotropin);
- E) Hemoglobin;
- F) Red Blood Cell (RBC) sickle cell screen using dithionite, sodium hydrosulfite;
- G) Wet mounts for Yeast or Trichomonas;
- H) Blood cholesterol;
- I) Blood glucose;
- J) Erythrocyte protoporphyrin using a hematofluorometer;

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K) Screening for drugs of abuse by latex agglutination or any other method which meets the simple test definition; and

L) Gonorrhea limited to cultures for growth or no growth, oxidase and lactidase, Gram stain.

2) ANY TESTS PERFORMED (i.e. conducted and interpreted) BY A PHYSICIAN, PODIATRIST OR DENTIST FOR THE BENEFIT OF HIS OR HER PATIENTS. (Section 1-103(c) of the Act);

3) Any tests and test procedures approved by the United States Food and Drug Administration for over the counter sale.

In addition, in Section 450.35 (b), the Department will add the following to the list of permissible tests for Class I Laboratories:

3) AND THOSE TESTS OR CATEGORIES OF TESTS SET FORTH BY THE REGULATIONS PROMULGATED PURSUANT TO THIS ACT. These tests or categories of tests are limited to the following:

A) Sexually Transmissible Disease Testing

i) Syphilis serology by macroscopic agglutination including rapid plasma reagin (RPR) and venereal disease research laboratory (VDRL);

ii) Chlamydia testing by antigen detection methods conforming to the definition of simple test.

In Section 450.35 (b), the Department will add the following to the list of permissible tests for Class I Laboratories:

B) In vitro allergen-specific IgE Immuno assays

i) Radioallerosorbent or enzyme immunoassay (RAST) test

ii) Flourescent enzyme-linked immunoassay (FAST) test

iii) Multiple allergen immunosystems (MAST) test

iv) Colormetric enzyme-linked immunoassay (IP) test.

To Section 450.50 (c), the Department will add the following language:

4) National Committee for Clinical Laboratory Standards (NCCLS) "Protection of laboratory Workers from Infectious Disease Transmitted by Blood, Body Fluid and Tissue"
Document #M29-T, Vol. 9, #1 (January 1989)

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771 East Lancaster Avenue
Villanova, PA 19085

5) 42 CFR 405.1317 (b)(1) (1988)

In Sections 450.210 (a)(2)(E), (a)(3)(E) and (a)(5)(D), the Department will replace the language "and have" with "or have."

In Sections 450.210 (a)(5)(D), the Department will replace the language "i have" with "and have."

In Section 450.220 (b), the Department will add the following language after the second sentence:

"This individual may be the same individual designated in accordance with Section 450.220 (a) or another individual."

In Section 450.330, the Department will add the following language: "as they apply to the licensed or permitted laboratory."

In Section 450.410 (b)(1), the Department will replace the language: "2 years" with "1 year."

In Section 450.410 (b)(2), the Department will replace the language "3 years" with "1 year."

In Section 450.410 (b)(3), the Department will replace the language: "biology courses. Subsequent to the date of qualifying as a medical technologist, the individual has at least four years of pertinent full-time laboratory experience in an approved laboratory" with "biology courses and four years of pertinent full-time laboratory experience in a laboratory or six years of experience as a medical technologist in an approved laboratory."

In Section 450.410 (b)(5), the Department will add "and a minimum of two years experience" after "above."

In Section 450.410 (b)(1) and (2), the Department will replace "medical laboratory science" with "medical laboratory science such as microbiology and clinical chemistry."

In Sections 450.440, the Department will add the following language:

"Persons employed by a laboratory which meets the definition of a Class II Laboratory which do not presently have the minimum qualifications of a technician may continue to be employed by the laboratory in question until

July 1, 1991 without meeting the requirements of a technician. After July

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1, 1991, all technical persons performing laboratory testing must meet the qualifications set forth in this Part."

In Section 450.730 (a)(1), the Department will dashout the term "HIV."

Section 450.1120(a), the Department will replace "shall" with "Reference materials shall."

Section 450.1120(c), the Department will replace "condused" with "and used."

To Section 450.1150 (d) (2), the Department will add the following language:

"A laboratory using commercially prepared microbiological culture media which is quality controlled in accordance with the National Committee for Clinical Laboratory Standards (NCCLS) "Protection of Laboratory Workers from Infectious Disease Transmitted by Blood, Body Fluid and Tissue", need not perform quality control checks for selectivity, enrichment and biochemical response provided that: the laboratory has documentation which may be provided through a media label or brochure that the quality control practices conform to NCCLS specifications: the laboratory documents receipt and condition of each batch of media to include sterility assessment by appropriate incubation and examination of uninoculated media and notifies the media manufacturer of quality issues such as: cracked Petri plates, unequal filling of plates, cracked media in plates, hemolysis, freezing, excessive bubbles in media, contamination and sterility. Laboratories that prepare media for satellite laboratory locations must either perform the same quality control checks required of commercial manufacturers (NCCLS Standards) and furnish documentation of media quality control checks to each location, or each laboratory must continue to perform media checks as currently required under 42 CFR 405.1317 (b)(1)(1988). This exception does not apply to Campylobacter agar, chocolate agar, media for the selective isolation of pathogenic Neisseria, Mueller Hinton media and media used for the isolation of parasites, virus, mycoplasmas and Chlamydia."

In Section 450.1150 (k)(1)(B), the Department will add the following language:

"Drug screening may be performed on-site with confirmatory testing at a Class II Permit as authorized under Section 2-109 of the Act, Licensed Laboratory or Licensed Toxicology Laboratory."

In Section 450.1155 (b), the Department will delete subsection (b) and add the following language:

The laboratory order form shall include last menstrual period, age of

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patient, previous pap smear history and previous history of carcinoma, including if the patient is at high risk for developing cervical cancer or its precursors in the judgment of the physician.

If the laboratory order form does not include the information required in subsection (b), the laboratory must request this information prior to the issuance of the report. If the information is not received within 5 working days the report may be issued and the laboratory record noted that the history was not received. In no event should a positive specimen report be delayed. The laboratory shall have in place a program for improvement of client compliance with this requirement.

In Section 450.1155 (c)(4), the Department add the following language:
"or adjacent site locations under the same ownership and management and quality assurance procedures," after "the laboratory."

In Section 450.1155 (c)(6), the Department add the following language:
"which may utilize a unique identification system notation. The label shall:" after "label."

In Section 450.1155 (d)(1), the Department will replace this subsection with the following language: "

An individual who examines cytologic slides for neoplasms on a full-time or part-time basis, shall not screen more than 100 slides or the number of slides set by the United States Government for a calendar day and no more than 400 slides in one five day work week for a daily average of 80 slides per calendar day.

In Section 450.1155 (g)(1)(A), the Department will add the following language after the first sentence:

This ten percent of slides rescreened may include up to 50% of this total which may represent double screened because of high-risk status pursuant to subsection (d)(3) of this Section. In no laboratory shall more than 50% of the rescreened (Subsection (d)(3)) slides be utilized to fulfill the ten percent rescreen requirement.

In Section 450.1155 (g)(3), the Department will add the following language:

All laboratories shall utilize this information to provide assistance and training to physicians on proper preparation and submission of cytology slides upon request of a physician.

In Section 450.1155 (g)(3), the Department will replace the following language:

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"false-negative (biopsy proven) and false-positive rates (as determined by the rescreening program)," with "false-negative (as determined by the rescreening program or biopsy proven) and false-positive rates (biopsy proven)."

In Section 450.1310 (b)(6), the Department will replace "twelve hours" with "twenty-four hours."

In Appendix A, the Department will add the following:

AGENCY NOTE: Any entity which fits the definition of a "Designated Agency" must provide a complete description of the State or Federal program being implemented. Such description must include complete citations to the Illinois laws and rules for the program using proper citations to the Illinois Revised Statutes and the Illinois Administrative Code or Illinois Register, or Court rules, or Executive Orders. If the laboratory operates to meet the requirements of a federal program, a complete description of the program and citations to the Federal laws for the program using proper citation to the United States Code and the Code of Federal Regulations or the Federal Register.

The Department will add the attached as "Appendix C Registration, Permit, and License Requirements - An Overview."

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

6. Section 450.10, the Department has repeated the statutory definition of a "Simple Test" with some clarification. The only additional criteria would be the following:

"In addition, the following the considerations are used to determine if a test or test procedure meets the definition of Simple Test: the examinations and procedures performed and the methodologies employed, the degree of independent judgment involved, the amount of interpretation involved, the difficulty of the calculations involved, the calibration and quality control requirements of the instruments used, the type of training required to operate the instruments used in the methodology, and such other factors as the Director considers relevant."

8. Section 450.10 definition of "Simple Test", the Department in Section 450.10 definition of "Simple Test" will replace "Advisory Board" with "Clinical Laboratory and Blood Bank Advisory Board established by Section 5-101 of the Act."

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11. Section 450.30(c)(3), the Department agrees to add the following language after the term "ACT": "(See Section 450.35(a))."
12. Section 450.10, the Department will add the following definition:
"COMPLEX TEST" MEANS ANY TEST WHICH DOES NOT MEET THE DEFINITION OF A SIMPLE TEST. (Section 2-119 of the Act).
14. Section 450.40(b)(1)(D), the Department will replace "degree of negligence" with "failure to carryout duties and responsibilities set forth in this Part and the Act."
15. Section 450.40(b)(4), the Department will replace "rules" with "this Part (See Section 8-102 of the Act and Section 450.60)."
- Section 450.60 Administrative Hearings
Department decisions concerning registration, permits and licenses may be reviewed in an administrative hearing. All administrative hearings shall be conducted in accordance with the Act and the Department's Rules of Practice and Procedures in Administrative Hearings. (77 Ill. Adm. Code 100).
18. Section 450.210(a)(6), the Department will add the following sentence to the end: "The Department will not require a practical examination."
22. Section 450.410(b)(2), the Department will replace "pertinent full-time laboratory experience" with "full-time laboratory experience."
- Section 450.410(b)(3), the Department will delete "pertinent."
- Section 450.420(a)(3), the Department will delete "pertinent."
- Section 450.420(a)(3), the Department will replace ", provided the combination has given the individual the equivalent of the education and training described in subsection (a)(2)" with "in an approved clinical laboratory in the laboratory field or fields in which the individual performs tests."
24. Section 450.420(a)(4), the Department will replace the following language:
", which combined with the education, will have provided the individual with education and training in medical technology to that described in subsection (b)(2)." with "in an approved clinical laboratory in the laboratory field or fields in which the individual performs tests."

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27. Section 450.520(c)(9), the Department will replace "with weights which have been verified for accuracy" with "and accuracy of weights verified by using "Class A" weights."
28. Section 450.610(b)(6), the Department will delete the entire subsection and insert the following: "Submit with each state license application, a copy of the laboratories current license to conduct interstate laboratory services under the Federal Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, effective October 31, 1988). Such license shall be used be the Department to determine compliance with this Act."
29. Section 450.1150(j)(2)(B), the Department will replace "corrective action is demonstrated" with "the laboratory can demonstrate a patient failure rate of less than one percent."
30. Section 450.1150(j)(3)(C)(1), the Department will add the following language to Section 450.50(c)(6):
International System of Cytogenetic Nomenclature
S. Karger AG, Medical and Scientific Publishers
P.O. Box CH-4009 Basel (Switzerland)
1985. (See Section 450.1150(j)(3)(C)(1))
35. Section 450.1155(g)(2), the Department will change the label of this Section from "Education" to "Evaluation."
38. Appendix A under "Personnel," the language "HOURS IN LAB 8 AM - 11:00 AM" requests that the normal hours of the personnel be listed. To clarify this, the Department will replace "HOURS IN LAB 8 AM - 11:00 AM" with "NORMAL HOURS IN THE LAB."
- Section 450.35(b)(3), the Department could delete Section 450.35(b)(3) from the second sentence on including (A) and (B) and replace the language with the following:
"The Department may give approval to a Class I permit laboratory to perform up to three tests which do not fall within the definition of a simple test, when the laboratory director submits documentation describing the purpose of each test, how it is performed, the specific training and experience of the personnel performing the test(s) and necessary quality control procedures appropriate to the test(s), and the extent of supervision provided by the laboratory director. The Department shall grant approval based upon the following criteria:
A) the test(s) is unique to a specific healthcare practice and not readily available from a licensed clinical laboratory (e.g. not performed by a licensed clinical laboratory or hospital laboratory

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within 50 miles); or

- B) on-site prompt results (e.g. results are required in less time than sending a specimen to a reference laboratory) are necessary for the treatment or care of the patients of the healthcare provider because of the nature of the practice."

Section 450.410(b)(3), the Department will add the term "either" after "individual has" and a semi-colon between "laboratory" and "or."

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

The Department has made all the changes to which it agreed with the Joint Committee.

- 13) Will the Rules Replace an Emergency Rule Currently in Effect?

Yes No X

- 14) Are there any other Amendments Pending on this Part? Yes No X

If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
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- 15) Summary and Purpose of Rules:

- a) The major thrust of this regulatory scheme is to require some form of licensure or registration of all entities which perform analysis of human specimens under the following five stage classification scheme:

- 1) Registration Laboratory;
 - 2) Class I Permit Laboratory;
 - 3) Class II Permit Laboratory;
 - 4) Class III Permit Laboratory;
 - 5) Licensed Laboratory.
- b) All laboratories will be regulated as one of these five levels of

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classification depending upon the tests they conduct, the source of the specimens, and organizational structure. Each of these levels, except the registration class, has regulatory requirements concerning the qualifications of the laboratory director, qualifications of laboratory personnel, proficiency testing and quality control as set forth in this Part. (See Appendix C Registration, Permit, and License Requirements - An Overview).

- 1) Registration Laboratory

- A) In order to qualify as a "Registration" laboratory, the laboratory must meet the definition of a "Class I Permit" laboratory and only conduct those tests specified in the regulations. As set forth in the Illinois Clinical Laboratory Act (Act) and this Part, a "Registration" laboratory can be any "single practice of medicine, podiatry or dentistry" which owns and operates a laboratory exclusively for its patients, or a local health authority or designated agency which owns and operates a laboratory for its own clients or patients, at stated locations when testing is limited to tests which are set forth in Section 450.35(a).

- B) The Registration Laboratory must register annually with the Department of Public Health (Department) on the form set forth as Appendix A of this Part and has no other regulatory requirements when conducting the listed tests for its clients or patients at its stated location(s).

However, if a Registration Laboratory conducts tests other than those listed it must seek another level of classification. Furthermore, health screening activities under Section 1-103 and 2-120 of the Act may be conducted by laboratories at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330. A "Registration" Laboratory is not exempt from the provisions of this Part concerning health screening.

- C) The Department expects physicians, podiatrists, dentists, local health authorities, and designated agencies to seek "Registration" Laboratory status.

- 2) Class I Laboratory;

- A) As set forth in this Part, a "Class I Permit" laboratory can be any "single practice of medicine, podiatry or dentistry" which owns and operates a laboratory exclusively

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for its patients or a local health authority or designated agency which owns and operates a laboratory for its own clients or patients at stated locations when testing is limited to simple tests and those tests or categories of tests set forth by regulations as defined of this Part. Some or all testing may be done by a laboratory assistant under the direction of the physician, podiatrist or dentist.

- B) The "Class I Permit" laboratory must obtain a permit annually with the Department on the form set forth as Appendix A of this Part. Generally, the other major requirements are as follows:
- i) the minimum level for the qualifications of the laboratory director includes any physician (i.e. MD or DC), dentist, podiatrist, or person with at least a master's degree with a major in chemical or biological sciences.
 - ii) the minimum level for the qualifications of laboratory personnel includes a laboratory assistant. Section 450.450 of this Part specifies that a laboratory assistant is any person who meets the education and experience requirements set by the laboratory director.
 - iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the laboratory when available from an approved proficiency testing service.
 - iv) the minimum level of quality control requires such testing for all tests conducted by the laboratory.
- C) The Department expects physicians, podiatrists, dentists, local health authorities, and designated agencies to seek "Class I Permit" Laboratory status. Health screening activities under Section 1-103 and 2-120 of the Act may be conducted by class I laboratories at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330 of this rulemaking.
- 3) Class II Laboratory
- A) As set forth in this Part, a "Class II Permit" laboratory can be any laboratory at a stated location operated and maintained exclusively for the patients of physicians,

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podiatrists or dentists at that location and who own the laboratory or are employed by the owner, or a local health authority or designated agency which owns and operates a laboratory for its own clients or patients or for clients or patients of other local health departments or designated agencies at stated locations, when testing is limited to registration, simple or complex tests as defined in this Part.

- B) The "Class II Permit" laboratory must obtain a permit annually with the Department on the form set forth as Appendix A of this Part. Generally, the other major requirements are as follows:
- i) the minimum level for the qualifications of the laboratory director includes a physician licensed to practice medicine in all its branches, or a person with at least a master's degree with a major in chemical or biological sciences.
 - ii) the minimum level for the qualifications of laboratory personnel includes a laboratory technician. Section 450.440 of this Part specifies that a laboratory technician is any person who completes at least 60 hours of academic credit including chemistry and biology, a high school graduate who has completed a 1 year accredited training program, or a high school graduate who has completed an official military medical laboratory procedures course of at least 50 weeks.
 - iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the laboratory.
 - iv) the minimum level of quality control requires such testing for all tests conducted by the laboratory.
- C) The Department expects physicians, local health authorities, and designated agencies to seek "Class II Permit" laboratory status. Health screening activities under Section 1-103 and 2-120 may be conducted by class II laboratories at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330.

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4) Class III Laboratory;

- A) As set forth in this Part, a "Class III Permit" laboratory can be any laboratory which is operated and maintained exclusively for the purposes of conducting health screening tests by a person, corporation, organization, association or group directly or indirectly on a for profit basis. The health screening tests are listed as glucose and cholesterol by fingerstick in this Part.
- B) The "Class III Permit" laboratory must obtain a permit annually with the Department on the form set forth as Appendix B of this Part and must comply with Sections 450.1300, 450.1310, 450.1320, 450.1330. The "Class III Permit" laboratory has no other regulatory requirements. Generally, the other major requirements are as follows:
- i) the minimum level for the qualifications of the laboratory director include a physician licensed to practice medicine in all its branches, or a person with at least a master's degree with a major in chemical or biological sciences.
 - ii) the minimum level for the qualifications of laboratory personnel include a laboratory assistant or laboratory technician. Section 450.450 of this Part specifies that a laboratory assistant is any person who meets the education and experience requirements set by the laboratory director. Section 450.440 of this Part specifies that a laboratory technician is any person who completes at least 60 hours of academic credit including chemistry and biology, a high school graduate who has completed a 1 year accredited training program, or a high school graduate who has completed an official military medical laboratory procedures course of at least 50 weeks.
 - iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the laboratory.
 - iv) the minimum level of quality control requires such testing for all tests conducted by the laboratory.
- C) The Department expects corporation and groups to seek "Class III Permit" laboratory status.

5) Licensed Laboratory.

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- A) As set forth in this Part, a "Licensed" laboratory can be any laboratory at a stated location regardless of ownership which accepts specimens from a person authorized by law to submit such specimens when testing is limited to that which is within the qualifications of the Director as set forth in this Part.
- B) The "Licensed" laboratory must obtain a license annually with the Department on the form set forth as Appendix A of this Part. Generally the other major requirements are as follows:
- i) the minimum level for the qualifications of the laboratory director includes a physician licensed to practice medicine in all its branches who is Board certified or eligible or who possesses acceptable qualifications as set forth in this Part, or a person with at least a master's degree with a major in chemical or biological sciences.
 - ii) the minimum level for the qualifications of laboratory personnel include a general supervisor. Section 450.410 of this Part specifies that a general supervisor may be any physician with additional qualifications, a medical technologist, a person with a master's degree in medical laboratory science or other similarly qualified individuals.
 - iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the laboratory.
 - iv) the minimum level of quality control requires such testing for all tests conducted by the laboratory.
- C) The Department expects physicians, corporations, individuals, local health authorities, and others to seek "Licensed" Laboratory status. Health screening activities under Section 1-103 and 2-120 of the Act may be conducted by a licensed laboratory at locations other than the location or locations set forth in the permit or, licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330.

16) Information and Questions regarding this Adopted Rulemaking shall be

DEPARTMENT OF PUBLIC HEALTH
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Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

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DEPARTMENT OF PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER d: LABORATORIES AND BLOOD BANKS

PART 450

ILLINOIS CLINICAL LABORATORIES CODE AND BLOOD-BANKS

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 450.840 Donors and Donor Blood/Identification of Donor Blood (Repealed)
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 450.848 Preparation of Blood Components (Repealed)
 450.850 Plasmapheresis (or Plateletpheresis) (Repealed)
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 450.1200 Handling and Disposal of HIV Contaminated Blood and Human Tissue

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory

Appendix B Application for Class III Permit Laboratory Registration, Permit, and License Requirements - An Overview

AUTHORITY: Implementing and authorized by the Illinois Clinical Laboratory Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq., as amended by P.A. 85-1025, effective June 30, 1988, P.A. 85-1202, effective August 25, 1988, P.A. 85-1251, effective August 30, 1988.).

SOURCE: Amended November 16, 1970; amended at 2 Ill. Reg., p. 87, effective November 5, 1978; amended at 4 Ill. Reg. 33, p. 224, 225 and 228, effective August 6, 1980; amended at 6 Ill. Reg. 4151, effective April 5, 1982; amended at 7 Ill. Reg. 7643, effective June 14, 1983; codified at 8 Ill. Reg. 19488; amended at 9 Ill. Reg. 20709, effective January 3, 1986; emergency amendment at 10 Ill. Reg. 307, effective January 3, 1986, for a maximum of 150 days, amended at 10 Ill. Reg. 10712, effective June 3, 1986; amended at 12 Ill. Reg. 10,018, effective May 27, 1988; emergency amendment at 12 Ill. Reg. 19518, effective October 28, 1988 for a maximum of 150 days, amended at 13 Ill. Reg. 4285, effective March 21, 1989; amended at 13 Ill. Reg. 11573, effective July 1, 1989 and September 1, 1989.

NOTE: Capitalization denotes statutory language.

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SUBPART A: GENERAL

Section 450.5 Scope and Applicability

- a) The major thrust of this regulatory scheme is to require some form of licensure or registration of all entities which perform analysis of human specimens under the following five stage classification scheme:

- 1) Registration Laboratory;
- 2) Class I Permit Laboratory;
- 3) Class II Permit Laboratory;
- 4) Class III Permit Laboratory;
- 5) Licensed Laboratory.

- b) All laboratories will be regulated as one of these five levels of classification depending upon the tests they conduct, the source of the specimens, and organizational structure. Each of these levels, except the registration class, has regulatory requirements concerning the qualifications of the laboratory director, qualifications of laboratory personnel, proficiency testing and quality control as set forth in this Part. (See Appendix C Registration, Permit, and License Requirements - An Overview).

1) Registration Laboratory

- A) In order to qualify as a "Registration" laboratory, the laboratory must meet the definition of a "Class I Permit" laboratory and only conduct those tests specified in the regulations. As set forth in the Illinois Clinical Laboratory Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq., as amended by P.A. 85-1025, effective June 30, 1988; P.A. 85-1202, effective August 25, 1988; and P.A. 85-1251, effective August 30, 1988.) and this Part, a "Registration" laboratory can be any "single practice of medicine, podiatry or dentistry" which owns and operates a laboratory exclusively for its patients, or a local health authority or designated agency which owns and operates a laboratory for its own clients or patients, at stated locations when testing is limited to tests which are set forth in Section 450.35(a).

- B) The Registration Laboratory must register annually with the Department of Public Health (Department) on the form set forth as Appendix A of this Part and has no other

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regulatory requirements when conducting the listed tests for its clients or patients at its stated location(s). However, if a Registration Laboratory conducts tests other than those listed it must seek another level of classification. Furthermore, health screening activities under Section 1-103 and 2-120 of the Act may be conducted by laboratories at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330. A "Registration" Laboratory is not exempt from the provisions of this Part concerning health screening.

- C) The Department expects physicians, podiatrists, dentists, local health authorities, and designated agencies to seek "Registration" Laboratory status.

2) Class I Laboratory;

- A) As set forth in this Part, a "Class I Permit" laboratory can be any "single practice of medicine, podiatry or dentistry" which owns and operates a laboratory exclusively for its patients or a local health authority or designated agency which owns and operates a laboratory for its own clients or patients at stated locations when testing is limited to simple tests and those tests or categories of tests set forth by regulations as defined of this Part. Some or all testing may be done by a laboratory assistant under the direction of the physician, podiatrist or dentist.

- B) The "Class I Permit" laboratory must obtain a permit annually with the Department on the form set forth as Appendix A of this Part. Generally, the other major requirements are as follows:

- i) the minimum level for the qualifications of the Laboratory director include any physician (i.e. MD or DC), dentist, podiatrist, or person with at least a masters degree with a major in chemical or biological sciences.
- ii) the minimum level for the qualifications of laboratory personnel include a laboratory assistant. Section 450.450 of this Part specifies that a laboratory assistant is any person who meets the education and experience requirements set by the laboratory director.
- iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the

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laboratory when available from an approved proficiency testing service.

- iv) the minimum level of quality control requires such testing for all tests conducted by the laboratory.

C) The Department expects physicians, podiatrists, dentists, local health authorities, and designated agencies to seek "Class I Permit" Laboratory status. Health screening activities under Section 1-103 and 2-120 of the Act may be conducted by class I laboratories at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330 of this Part.

3) Class II Laboratory

A) As set forth in this Part, a "Class II Permit" laboratory can be any laboratory at a stated location operated and maintained exclusively for the patients of physicians, podiatrists or dentists at that location and who own the laboratory or are employed by the owner, or a local health authority or designated agency which owns and operates a laboratory for its own clients or patients or for clients or patients of other local health authorities or designated agencies at stated locations, when testing is limited to registration, simple or complex tests as defined in this Part.

B) The "Class II Permit" laboratory must obtain a permit annually with the Department on the form set forth as Appendix A of this Part. Generally, the other major requirements are as follows:

- i) the minimum level for the qualifications of the laboratory director includes a physician licensed to practice medicine in all its branches, or a person with at least a master's degree with a major in chemical or biological sciences.
- ii) the minimum level for the qualifications of laboratory personnel includes a laboratory technician. Section 450.440 of this Part specifies that a laboratory technician is any person who completes at least 60 hours of academic credit including chemistry and biology, a high school graduate who has completed a 1 year accredited training program, or a high school

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graduate who has completed an official military medical laboratory procedures course of at least 50 weeks.

- iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the laboratory.

iv) the minimum level of quality control requires such testing for all tests conducted by the laboratory.

C) The Department expects physicians, local health authorities, and designated agencies to seek "Class II Permit" Laboratory status. Health screening activities under Section 1-103 and 2-120 may be conducted by class II laboratories at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330.

4) Class III Laboratory;

A) As set forth in this Part, a "Class III Permit" laboratory can be any laboratory which is operated and maintained exclusively for the purposes of conducting health screening tests by a person, corporation, organization, association or group directly or indirectly on a for profit basis. The health screening tests are listed as glucose and cholesterol by fingerstick in this Part.

B) The "Class III Permit" laboratory must obtain a permit annually with the Department on the form set forth as Appendix B of this Part and must comply with Sections 450.1300, 450.1310, 450.1320, 450.1330. The "Class III Permit" laboratory has no other regulatory requirements. Generally, the other major requirements are as follows:

- i) the minimum level for the qualifications of the laboratory director include a physician licensed to practice medicine in all its branches, or a person with at least a masters degree with a major in chemical or biological sciences.
- ii) the minimum level for the qualifications of laboratory personnel include a laboratory assistant or laboratory technician. Section 450.450 of this Part specifies that a laboratory assistant is any person who meets

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the education and experience requirements set by the Laboratory director. Section 450.440 of this Part specifies that a laboratory technician is any person who completes at least 60 hours of academic credit including chemistry and biology, a high school graduate who has completed a 1 year accredited training program, or a high school graduate who has completed an official military medical laboratory procedures course of at least 50 weeks.

- iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the Laboratory.
- iv) the minimum level of quality control requires such testing for all tests conducted by the Laboratory.

C) The Department expects corporations and groups to seek "Class III Permit" laboratory status.

5) Licensed Laboratory.

A) As set forth in this Part, a "Licensed" laboratory can be any laboratory at a stated location regardless of ownership which accepts specimens from a person authorized by law to submit such specimens when testing is limited to that which is within the qualifications of the Director as set forth in this Part.

B) The "Licensed" laboratory must obtain a license annually with the Department on the form set forth as Appendix A of this Part. Generally the other major requirements are as follows:

- i) the minimum level for the qualifications of the Laboratory director includes a physician licensed to practice medicine in all its branches who is Board certified or eligible or who possesses acceptable qualifications as set forth in this Part, or a person with at least a master's degree with a major in chemical or biological sciences.
- ii) the minimum level for the qualifications of laboratory personnel include a general supervisor. Section 450.410 of this Part specifies that a general supervisor may be any physician with additional qualifications, a medical technologist, a person with a master's degree in medical laboratory science or other similarly qualified individuals.

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iii) the minimum level of proficiency testing requires proficiency testing for all tests conducted by the Laboratory.

iv) the minimum level of quality control requires such testing for all tests conducted by the Laboratory.

C) The Department expects physicians, corporations, individuals, local health authorities, and others to seek "Licensed" Laboratory status. Health screening activities under Section 1-103 and 2-120 of the Act may be conducted by a licensed laboratory at locations other than the location or locations set forth in the permit or licensure application, however such health screenings must be conducted in accordance with Sections 450.1300, 450.1310, 450.1320, 450.1330.

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.10 Definitions

"Accredited Institution" or "Accredited College or University" means a college or university located in the United States which has been accredited by one of the regional accreditation programs recognized by the U.S. Office of Commissioner of Education or a college or university located outside the United States where the individual provides documentation that his/her education is equivalent to that provided in the United States by: documenting that the foreign degree has been accepted by an accredited institution in the United States at which the person is or was enrolled in a graduate program; or having his/her credentials evaluated by the Credentials Evaluation Service, Inc., Los Angeles, California.

"Act" or "Clinical Laboratory Act" means Illinois Clinical Laboratory Act (Ill. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq., as amended by P.A. 85-1025, effective June 30, 1988, P.A. 85-1202, effective August 25, 1988, and P.A. 85-1251, effective August 30, 1988.).

"Approved Clinical Laboratory" means a clinical laboratory ~~of~~ (with a director at the doctoral level) ~~of~~ a hospital, health department, university, or medical research institution; or, a clinical laboratory having a license or class II permit licensed under the Illinois Clinical Laboratory Act; or a blood bank licensed under the Blood Bank Act; or a clinical laboratory licensed under the Clinical Laboratories Improvement Act of 1967; or, a clinical laboratory approved under 42 CFR 405, Subpart M, effective September 30, 1977.

"Blood Bank Act" means the Illinois Blood Bank Act, (Ill. Rev. Stat.

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1982, ch. 111 1/2, pars. 601-101 et seq.)

Health Maintenance Organization shall mean any person or organization which has received a Certificate of Authority to operate a Health Maintenance Organization in the State of Illinois, as defined in the "Health Maintenance Organization Act," Ill. Rev. Stat. 1985, ch. 111-1/2, pars. 1401 et seq., as now or hereafter amended;

"Multiphasic Health Screening" means the combination of various physiological, biological, and clinical laboratory procedures for the purpose of assessing the general state of health of human subjects; for the purpose of the Clinical Laboratory Act, a multiphasic health screening facility is considered to be a clinical laboratory only if the clinical laboratory procedures listed under 450.10(c) are actually performed on the premises of the multiphasic health screening facility; These multiphasic health screening facilities which do not perform clinical laboratory procedures on the premises must refer all laboratory work to a laboratory licensed either by the Illinois Department of Public Health or if out of state, by the Department of Health and Human Services.

"Registration Act" means the "Illinois Clinical Laboratory Act," Ill. Rev. Stat. 1983, ch. 111-1/2, par. 621-101 et seq., approved August 27, 1963.

"CLASS I PERMIT" means a permit issued to a single practice of medicine, podiatry or dentistry to own and operate a clinical laboratory at stated locations exclusively for the patients or the members of that practice, and is limited to simple tests and those test or categories of tests set forth by the regulations promulgated pursuant to this act; or a permit issued to a local health authority or designated agency to own and operate a clinical laboratory at stated locations without acceptance of referred testing, and is limited to those tests or categories of tests set forth by regulations promulgated pursuant to this act. (Section 2-108 of the Act)

"CLASS II PERMIT" means a permit issued to the owner of a clinical laboratory at a stated location in which the laboratory is operated and maintained exclusively for the patients of the physicians, podiatrists or dentists who practice at that location and who own the laboratory or are employed by the owner; or

A permit issued to a local health authority or designated agency to own and operate a clinical laboratory at stated locations and at which referred testing may be accepted from other local health authorities or designated agencies; or

A clinical laboratory which fits the definition of a class I

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PERMIT LABORATORY BUT PERFORMS MORE COMPLEX TESTS THAN THOSE UNDER A CLASS I PERMIT.

TESTS PERFORMED BY A LABORATORY HOLDING A CLASS II PERMIT SHALL BE LIMITED TO THOSE TESTS OR CATEGORIES OF TESTS SET FORTH IN THE REGULATIONS PROMULGATED PURSUANT TO THIS ACT. (Section 2-109 of the Act)

"CLASS III PERMIT" means a permit issued to the owner of a clinical laboratory which is operated and maintained exclusively for the purpose of conducting health screening tests by a person, corporation, organization, association or group which provides health screening services in accordance with provisions of Section 2-120 either directly or indirectly on a for-profit basis. (Section 2-100 of the Act)

"Clinical Laboratory Act" means the "Illinois Clinical Laboratory Act," Ill. Rev. Stat. 1983, ch. 111-1/2, pars. 621-101 et seq.

"CLINICAL LABORATORY" or "LABORATORY" means a facility which performs laboratory tests or issues reports resulting from such tests. (Section 2-103 of the Act)

"COMPLEX TEST" means any test which does not meet the definition of a simple test. (Section 2-119 of the Act).

"Controlled Substance" means a drug, substance, or immediate precursor as defined in the Illinois Controlled Substances Act (Ill. Rev. Stat. 1987, ch. 56 1/2, pars. 1100 et seq., as now and hereafter amended.)

"Dental Practice Act" means The Illinois Dental Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 2301 et seq., as now and hereafter amended.)

"Demonstration of proficiency" means the laboratory meets the standards for acceptable proficiency testing as stated in Section 450.720(f) by means of on site analysis of specimens sent to the laboratory by agencies approved by the Department for that purpose.

"Department" means the Illinois Department of Public Health.

"DESIGNATED AGENCY" means an association, organization, group or agency which operates a clinical laboratory for the purpose of meeting the requirements of a state or federal program. (Section 2-122 of the Act).

"Full-time experience" means experience in the field being referred to consisting of at least 35 hours per week conducting activities

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required by the specific position or field such as conducting the tests referred in to in Section 2-103 of the Act.

"Hospital Licensing Act" means the Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 142 et seq., as now and hereafter amended.)

"LICENSE" MEANS A LICENSE ISSUED TO THE OWNER, LOCAL HEALTH AUTHORITY OR DESIGNATED AGENCY OR PERSON TO OPERATE A CLINICAL LABORATORY AT A STATED LOCATION TO ACCEPT SPECIMENS FROM ANY PERSON AUTHORIZED TO SUBMIT SUCH SPECIMENS UNDER THIS ACT, WITH TEST LIMITATIONS BASED UPON THE QUALIFICATIONS OF THE DIRECTOR AS SET FORTH BY THE REGULATIONS PROMULGATED PURSUANT TO THIS ACT. (SECTION 2-111 OF THE ACT).

"LOCAL HEALTH AUTHORITY" MEANS THE FULL-TIME, OFFICIAL HEALTH DEPARTMENT OR BOARD OF HEALTH, AS RECOGNIZED BY THE DEPARTMENT, WHICH HAS JURISDICTION OVER A PARTICULAR GEOGRAPHICAL AREA. (Section 2-121 of the Act).

"Medical Practice Act" means the Medical Practice Act of 1987 (Ill. Rev. Stat. 1987, ch. 111, pars. 4401-1 et seq., as now and hereafter amended).

"Minor Test" means any uncomplicated laboratory examinations and procedures which the Director of the Department determines have an insignificant risk of erroneous result including those which have been approved by the United States Food and Drug Administration for home use, which employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible. Tests determined by the Director to be "minor" and permissible for a Registration class laboratory are set forth in Section 450.35(a).

"PHYSICIAN" MEANS, UNLESS OTHERWISE INDICATED IN THIS ACT, A PERSON LICENSED BY THE DEPARTMENT OF PROFESSIONAL REGULATION, PURSUANT TO THE REQUIREMENTS OF THE MEDICAL PRACTICE ACT OF 1987; (i.e. a physician licensed to practice medicine in all its branches and a chiropractic physician) OR A PERSON LICENSED AS A PHYSICIAN UNDER THE LAWS OF ANOTHER STATE OR TERRITORY OF THE UNITED STATES. (Section 2-116 of the Act).

"Podiatry Act" means Podiatric Medical Practice Act of 1987 (Ill. Rev. Stat. 1987, ch. 111, pars. 4801 et seq., as now and hereafter amended.)

"Prepackaged Reagent Analyser" means an automated instrument in which specimen or a diluted specimen is reacted with reagents contained within individual packet(s) containing all of the measured reagents

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required for the analysis for a given analyte.

"PROFICIENCY TESTING" MEANS A PROGRAM FOR MONITORING LABORATORY PERFORMANCE ON A PERIODIC BASIS WHICH IS ADOPTED OR APPROVED BY THE DEPARTMENT. (Section 1-123 of the Act).

"SIMPLE TEST" MEANS A TEST OR CATEGORIES OF TESTS WHICH GENERALLY HAVE THE FOLLOWING CHARACTERISTICS:

INTERPRETATION OF VISUAL SIGNAL BY PATTERN RECOGNITION, COLOR DEFINITION OR NUMERIC INFORMATION USING AN ESTABLISHED CONTROL EXAMPLE which can be observed directly by the operator and requires no manipulation or interpolation by the operator to derive a result; OR

THE USE OF SIMPLE ADDITION, SUBTRACTION, MULTIPLICATION OR DIVISION; OR

THE USE OF MANUFACTURER-PREPARED REAGENTS OR SOLUTIONS WHICH ARE COMBINED WITHOUT REQUIRING NUMEROUS (i.e. no more than five sequential steps which should not include sample acquisition or sample preparation such as centrifuge to obtain serum) SPECIFIC CALIBRATED VOLUME MEASUREMENTS OR SEQUENTIAL APPLICATIONS.

In addition, the following considerations are used to determine if a test or test procedure meets the definition of Simple Test: the examinations and procedures performed and the methodologies employed, the degree of independent judgment involved, the amount of interpretation involved, the difficulty of calculations involved, the calibration and quality control requirements of the instruments used, the type of training required to operate the instruments used in the methodology, and such other factors as the Director considers relevant.

INTERPRETATION OF THE TYPES OF TESTS OR CATEGORIES OF TEST WHICH MEET THIS DEFINITION SHALL BE DETERMINED BY THE DEPARTMENT IN CONSULTATION WITH THE Clinical Laboratory and Blood Bank ADVISORY BOARD established by Section 5-101 of the Act. (Section 2-118 of the Act).

The Department will compile a list of tests and test procedures which it determines meet the definition of a simple test. Such compilation will be available upon request and updated annually.

"Single practice" means a medical, dental or podiatric practice, partnership, professional service corporation or medical corporation of one or more licensed practitioners who share facilities, personnel, income and expenses for a clinical laboratory that is used

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solely as an adjunct to the care of patients of the members of the single practice.

"TEST" MEANS LABORATORY EXAMINATIONS AND ISSUANCE OF REPORTS RESULTING FROM THE BIOLOGICAL, MICROBIOLOGICAL, SEROLOGICAL, CHEMICAL, IMMUNOHISTOCHEMICAL, RADIOIMMUNOLOGICAL, HEMATOLOGICAL, BIOPHYSICAL, CYTOLOGICAL, PATHOLOGICAL, TOXICOLOGICAL OR OTHER EXAMINATION OF MATERIALS DERIVED FROM THE HUMAN BODY FOR THE PURPOSES OF PROVIDING INFORMATION FOR THE DIAGNOSIS, PREVENTION OR TREATMENT OF ANY DISEASE OR IMPAIRMENT OF, OR THE ASSESSMENT OF, THE HEALTH OF HUMANS INCLUDING DETERMINING DRUG USE BY HUMANS. (SECTION 2-117 OF THE ACT).

"Toxicology Laboratory" means a licensed laboratory which performs tests to detect drug abuse in the workplace, among job applicants, or for other similar purposes.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.20 Laboratories and Blood Registration, Permit and License Application

An application for a Permit or a License must be submitted to the Department by October 1, 1989. The Department shall issue the appropriate permits and licenses by January 1, 1990. All laboratories which comply with this deadline will be permitted to continue operation until receipt of a permit or license or denial of application for a permit or license from the Department. Registration laboratories must file a registration form with the Department by October 1, 1989.

- a) A license shall not be issued to the owner and director jointly, when the owner is not the director.
- b) All applications shall be submitted on forms provided by the Department, shall be under oath notarized, and shall include all information requested on the form. (See Appendix A for a copy of the application form, except Class III permit laboratories see Appendix B)
- b) An applicant for an original (means initial) license shall be accompanied by a license fee of \$100, and all applications for renewal of license shall be accompanied by a renewal fee of \$50. If during the calendar year in which the license, permit, or renewal thereto has been issued there is a change of director, owner, location or name of the laboratory or blood bank, the Department shall be notified prior to such change. If the contemplated change is in compliance with this Act and regulations pertaining thereto, the fee for such new license shall be \$50.

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c) If the license or permit is to be issued to two or more persons who are co-owners or directors, or to an owner and a director, or any combination thereof, all such persons shall be identified upon the application for license or permit or renewal of license or permit and all such persons shall sign such applications under oath, and it shall be notarized.

d) An application for a license or permit, where the owner is a corporation, shall clearly disclose the names of all persons owning 5% or more of the shares of the corporation. A duly authorized officer of the corporation shall sign the application and it shall be notarized.

e) The description of the program shall be provided in sufficient detail to permit the Department to determine the fields of science represented by the services of the laboratory or blood bank and the tests which may fall within the scope of its program and services.

Licenses may be revoked or suspended for the causes set forth in Article VIII of the licensing laws. All hearings and appeals shall be conducted in accordance with the procedures set forth in this Article.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.30 Laboratories and Blood Banks required to be licensed, have a permit, or be registered

a) The following items provide references to help understand the differences among these laboratories. The Department assigns an identification number to a laboratory at the time of license or permit application. This number is only for purposes of filing material for that laboratory in the Department. Such identification number is not a license or permit. A license or permit is issued only after an inspection of the facility finds compliance with all pertinent requirements, except for a registered or a class I permit laboratory where an inspection is not required.

- 1) A registered laboratory meets the criteria set forth in Section 1-103(c) of the Act, and Sections 450.30(c)(3) and 450.35(a) of this Part.
- 2) A class I permit laboratory meets the criteria set forth in Section 2-108 of the Act; Section 6-101(2)(a) of the Act; and Sections 450.30(b) and 450.35(b) of this Part.
- 3) A class II permit laboratory meets the criteria set forth in Section 2-109 of the Act; Section 6-101(2)(b) of the Act; and

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Sections 450.30(b) and 450.35(c) of this Part.

- 4) A class III permit laboratory meets the criteria set forth in Section 2-110 of the Act; Section 6-101(2)(c) of the Act; and Sections 450.30(b) and 450.35(d) of this Part.
- 5) A licensed laboratory meets the criteria set forth in Section 2-111 of the Act; Section 6-101(2)(d) of the Act; and Sections 450.30(b) of this Part with no testing limitations, provided the director qualifies.

b) The following are required to obtain a permit or be licensed pursuant to either the Clinical Laboratory Act or the Blood-Bank Act, or both:

- 1) All clinical laboratories and blood-banks located within the State of Illinois except as otherwise provided in Section 450.30(b)(c). This includes facilities which issue reports resulting from laboratory examinations, but do not perform laboratory examinations at that facility. (See Section 2-103 of the Act).
 - 2) Laboratories and blood-banks located in hospitals licensed under the Illinois Hospital Licensing Act but where in which the laboratory is not operated by the governing authority of such hospital, including laboratories operating under a lease arrangement with another person or entity the laboratory-director.
 - 3) Laboratories receiving direct or indirect-referred-work-from other-sources.
 - 4) Laboratories outside of Illinois receiving specimens referred from laboratories located in within Illinois which are required to obtain a license or permit or register under this Act.
 - 5) Blood-banks located outside-of-illinois-providing-blood-to hospitals-in-illinois, and blood-banks located within-illinois except-as-provided-in-Section-450.30(b).
- c) The following are not required to obtain a permit or be licensed under the Clinical Laboratory Act or the Blood-Bank Act:

- 1) Clinical laboratories or blood-banks operated by the United States Government or the State of Illinois.
- 2) Clinical laboratories and blood-banks located in hospitals

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licensed under the Illinois Hospital Licensing Act (111-Rev-Stat-1983, ch. 111, 2, pars. 142 et seq.) which are under the control of operated-by the governing board of such hospitals owned by the exact same entity identified as owner/operator of the hospital as indicated on the last hospital license application filed with the Department; located at the same site and contiguous with the hospital; subject to the regulations and hospital by-laws; and where the entity which receives payment for the laboratory services is the same entity that owns the hospital.

3) LABORATORIES WHICH FIT THE DEFINITION OF CLASS I PERMIT LABORATORIES BUT PERFORM A SMALL NUMBER OF MINOR TESTS AS COMPARED TO OTHER CLASS I PERMIT LABORATORIES AS SET FORTH BY REGULATIONS PROMULGATED PURSUANT TO THIS ACT (See Section 450.35(a)) OR ANY TESTS PERFORMED BY THE PHYSICIAN, PODIATRIST OR DENTIST FOR THE BENEFIT OF HIS OR HER PATIENTS, DO NOT REQUIRE A LICENSE OR PERMIT, PROVIDED EACH LABORATORY REGISTERS WITH THE DEPARTMENT ON AN ANNUAL BASIS ON FORMS PRESCRIBED BY THE DEPARTMENT. (Section 1-103(c) of the Act). Laboratories operated-by persons-licensed-under-the-Medical-Practice-Act- (111-Rev-Stat-1983, ch. 111, pars. 4401 et seq.)-The-Dental-Practice-Act- (111-Rev-Stat-1983, ch. 111, pars. 2201 et seq.-An Act to regulate the practice of Podiatry in the State of Illinois (111-Rev-Stat-1983, ch. 111, pars. 4901 et seq.)-which are operated solely-for-analyses-in-connection-with-the patients-of-the-licensed-practitioner, and within the scope-of his-license--For purposes-of this rule, operation solely-for-analyses-in-connection-with-patients-of-a-licensed-practitioner is interpreted-to-refer-to-a-laboratory-operated-by-an individual-practitioner-in-solo-practice-society-for-analyses in-connection-with-the-patients-of-the-practitioner, a laboratory-operated-by-a-formally-organized-partnership-of persons-licensed-under-the-Medical-Practice-Act, the-Dental Practice-Act, or-An Act-to-regulate-the-practice-of-podiatry in-the-State-of-Illinois, society-for-analyses-in-connection with-the-patients-of-the-members-of-the-partnership, or-a laboratory-operated-by-a-professional-service-corporation-or medical-corporation-society-for-analyses-in-connection-with-the patients-of-the-members-of-the-corporation.--In any event, when more-than-one-licensed-practitioner-is-involved, all facilities, personnel, income, and expenses-must-be-shared.--The-exempt-laboratory-may-not-perform-laboratory-tests-on patients-from-outside-the-practice-that-gives-the-laboratory exempt-status.

4) LABORATORIES WHICH ONLY PERFORM HEALTH SCREENINGS IN ACCORDANCE WITH SECTION 2-120 OF THIS ACT ON A NOT-FOR-PROFIT OR

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FREE-OF-CHARGE BASIS ARE EXEMPT FROM ALL OTHER PROVISIONS OF THIS ACT. (Section 1-103(d) of the Act).

- 4) Places-used-as-drawing-locations-for-mobile-unit-collections-by-a-licensed-blood-bank-on-a-temporary-basis,-and-not-as-a-regularly-constituted-substation-of-the-blood-bank,-performing-any-of-the-operations-embodied-in-the-definition-of-a-"blood-bank"-as-this-term-is-used-in-the-Blood-Bank-Act.
- 5) Blood-banks-licensed-by-the-Food-and-Drug-Administration,-shipping-blood-into-Illinois,-to-the-extent-of-the-customarily-performed-procedures-necessary-to-qualify-a-unit-of-blood-for-transfusion.---This-will-normally-include-blood-grouping-tests-for-irregular-antibodies,-and-serologic-tests-for-syphilis.---A-blood-bank-located-outside-of-Illinois-which-performs-other-procedures-for-Illinois-facilities,-including-but-not-limited-to-pretransfusion-compatibility-testing-and-special-immunohematologic-studies-for-a-fee-or-as-incidental-to-the-provision-of-blood-for-transfusion-in-Illinois-is-considered-to-fall-under-the-purview-of-Section-450.30(a).
- 6) Specialized-facilities-operated-by-recognized-national-organizations-including-but-not-limited-to-the-American-Association-of-Blood-Banks-or-the-American-National-Red-Cross,-providing-consultant-services-gratis-to-Illinois-licensed-facilities-as-an-incidental-to-national-programs-of-these-organizations.---Illinois-facilities-participating-in-such-programs-must-comply-with-Section-7/103-of-the-Blood-Bank-Act-and-must-be-licensed-pursuant-to-that-Act.

- 7) Public-Health-Laboratories-which-meet-the-provisions-of-Section-1-103(e)-of-the-Illinois-Clinical-Laboratory-Act-and-which-restrict-their-clinical-laboratory-testing-to-the-following:-smears-and-cultures-for-Neisseria-gonorrhoeae,-wet-mounts-for-yeast-or-trichomonas,-syphilis-serology,-semi/quantitative-chemonic-gonadotropin,-glucose-urinalysis-(limited-to-dip-stick-and-microscopic-for-red-and-white-cells),-hematocrit,-hemoglobin,-and-RBC-sickle-cell-screening.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.35

Testing Limitations for Registration, Permit and Licensed Laboratories

The following explains the tests as defined in Section 2-117 of the Act which can be performed by each of the laboratories regulated by the Act.

- a) Registration Class Laboratories as defined in Section 1-103 of the

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Act may perform the following tests:

- 1) Specific tests and test procedures permissible are the following:
- A) Urinalysis measured by the use of a chemically impregnated strip (dipstick) or tablet;
- B) Hematocrit by centrifugation;
- C) Occult blood;
- D) Urine pregnancy testing (semi-quantitative chorionic gonadotropin);
- E) Hemoglobin;
- F) Red Blood Cell (RBC) sickle cell screen using dithionite, sodium hydrosulfite;
- G) Wet mounts for Yeast or Trichomonas;
- H) Blood cholesterol;
- I) Blood glucose;
- J) Erythrocyte protoporphyrin using a hematofluorometer;
- K) Screening for drugs of abuse by latex agglutination or any other method which meets the simple test definition; and
- L) Gonorrhea limited to cultures for growth or no growth, oxidase and lactidase, Gram stain.
- 2) ANY TESTS PERFORMED (i.e. conducted and interpreted) BY A PHYSICIAN, PODIATRIST OR DENTIST FOR THE BENEFIT OF HIS OR HER PATIENTS. (Section 1-103(c) of the Act);
- 3) Any tests and test procedures approved by the United States Food and Drug Administration for over the counter sale.
- b) Class I Permit Laboratories as defined in Section 2-108 of the Act may perform the following tests:
- 1) All tests that can be performed by the Registration Class Laboratories;
- 2) Any SIMPLE TESTS (Section 2-108 of the Act).

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3) AND THOSE TESTS OR CATEGORIES OF TESTS SET FORTH BY THE REGULATIONS PROMULGATED PURSUANT TO THIS ACT. The Department may give approval to a Class I permit laboratory to perform up to three tests which do not fall within the definition of a simple test, when the laboratory director submits documentation describing the purpose of each test, how it is performed, the specific training and experience of the personnel performing the test(s) and necessary quality control procedures appropriate to the test(s), and the extent of supervision provided by the laboratory director. The Department shall grant approval based upon the following criteria:

- A) the test(s) is unique to a specific healthcare practice and not readily available from a licensed clinical laboratory (e.g. not performed by a licensed clinical laboratory or hospital laboratory within 50 miles); or
- B) on-site prompt results (e.g. results are required in less time than sending a specimen to a reference laboratory) are necessary for the treatment or care of the patients of the healthcare provider because of the nature of the practice.

c) Class II permit Laboratories as defined in Section 2-109 of the Act may perform the following tests:

- 1) All tests that can be performed by the Registration Class Laboratories;
- 2) All tests that can be performed by the Class I laboratory as detailed in subsection (b).
- 3) Any complex tests.

d) Class III Permit Laboratories as defined in Section 2-110 of the Act may perform the following tests:

Any health screening tests as defined in Section 450.1300(a).

e) Licensed Clinical Laboratories as defined in Section 2-111 of the Act may perform the following tests:

- 1) All tests that can be performed by the Registration Class Laboratories;
- 2) All tests that can be performed by the Class I laboratory as detailed in subsection (b).
- 3) Any complex tests.

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(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.40 Penalties and Fines

a) The Department may deny, revoke, or refuse to renew a license or permit for the reasons set forth in Article VIII of the Act. All hearings and appeals shall be conducted in accordance with the procedures set forth in that Article and this Part. Any person holding 5% or more of the ownership in a clinical laboratory who was convicted of violation of Section 8-10(b), (c) or (g) of the Act, shall constitute grounds for denial or revocation of a license or permit.

b) In addition to other actions authorized by the Act and this Part, the Department may assess penalties or fines against a licensee or permit holder for violation of any provision of the Act or rules. The Department shall review each inspection report according to criteria provided by this section to determine whether a fine will be assessed, the amount of such fine, and whether each day of violation shall constitute a separate violation for purposes of fine assessment.

1) The Department shall consider the following criteria independently and aggregately to determine whether a fine shall be assessed.

A) Whether the laboratory has previously been cited in the prior two year period for noncompliance in the same area of laboratory testing (e.g. chemistry, hematology, immunohematology, etc.) as currently cited for noncompliance with the Act or this Part.

B) Whether the laboratory has been cited for a violation of the Act or rules and does not correct the violation within the time frame agreed upon by the Laboratory and Department in the plan to correct the violation.

C) Whether the laboratory fails to provide an acceptable plan to correct a violation of the Act or this Part.

D) Whether the violation appears to be the result of any failure to carry out the duties and responsibilities set forth in this Part and the Act by the laboratory or the laboratory's agents or employees or by any other person responsible for the control or supervision of the Laboratory.

E) Whether the laboratory demonstrated good faith efforts (e.g. taking steps to correct or agreeing to correct the

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cited violation) to correct the violation upon receipt of oral or written notice of the violation and whether such actions in fact corrected the violation.

- 2) Criteria to determine the amount of a fine are the following, and all amounts determined pursuant to the criteria shall be added together to determine the total fine.

A) For each repeat finding of noncompliance for the same area of laboratory testing, a fine of \$100 per work day until the violations upon which noncompliance in that area of testing are based are corrected.

B) For non-correction of a violation within the time frame agreed upon by the laboratory and Department, a fine of \$200 per work day for each day subsequent to the inspection which determined that violations were not corrected.

C) For the laboratory to fail to provide an acceptable plan to correct a violation of the Act or rules, a fine of \$100 per work day starting on the tenth day after the laboratory received the notice of violation.

- 3) Each day a violation exists shall constitute a separate violation.

4) The Department shall serve any notice of assessment of fine on the laboratory in the same manner as any notice of license revocation provided pursuant to the Act and this Part (See Section 8-102 of the Act and Section 450.60 of this Part), and the laboratory shall have the same rights and opportunity for hearing as elsewhere provided pursuant to the Act and this Part.

5) All fine assessments which are upheld in whole or in part by final order of the Department shall be due in full at the conclusion of the time period for filing for administrative review pursuant to the Administrative Review Law (Ill. Rev. Stat. 1987, ch. 110, pars. 3-101 et seq.), unless the laboratory has within that time filed proceedings in administrative review specifically appealing the fine assessment and unless the court has stayed the enforcement of the fine assessment.

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.50 Incorporated Materials

The following materials are incorporated or referenced in this Part:

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a) State of Illinois Statutes

1) Illinois Clinical Laboratory Act (Ill. Rev. Stat. 1987, par. 621 et seq., as amended by P.A. 85-1025, effective June 30, 1988, 85-1202, effective August 25, 1988, P.A. 85-1251, effective August 30, 1988.)
(Section 450.10)

2) Illinois Blood Bank Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 601-101 et seq.)
(Section 450.10 and 450.1200(a)(1))

3) Illinois Dental Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 2301 et seq.)
(Section 450.10)

4) Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 142 et seq.)
(Section 450.10), 450.30, 450.1200(a)(1), 450.1300(b)(3))

5) Medical Practice Act of 1987 (Ill. Rev. Stat. 1987, ch. 111, pars. 4401 et seq.)
(Section 450.10)

6) Podiatric Medical Practice Act of 1987 (Ill. Rev. Stat. 1987, ch. 111, pars. 4801 et seq.)
(Section 450.10)

7) Administrative Review Law (Ill. Rev. Stat. 1987, ch. 110, pars. 3-101 et seq.)
(Section 450.40(b)(5))

8) Illinois Controlled Substances Act (Ill. Rev. Stat. 1987, ch. 5642, pars. 1100 et seq.)
(Section 450.10)

b) State of Illinois Regulations:

1) 35 Ill. Adm. Code 307
(Section 450.330(d)(5))

2) 35 Ill. Adm. Code 724
(Section 450.330(e)(4)(A))

3) 35 Ill. Adm. Code 809
(Section 450.330(e)(4)(C)(1))

c) Federal Guidelines, Statutes, Federal Regulations and Other Materials:

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- 1) 42 CFR 405, Subpart M (1988)
(Section 450.10)
- 2) 21 CFR 600-680 (1988)
(Section 450.1150(g)(1))
- 3) Laboratory Qualification Appraisal Personnel Form
Health Care Financing Authority (HCFA)
HCFA-3084-OMB No. 0938-0049
(See Section 400.210(a), 450.410(b), 450.420(a), 450.430(a),
450.440(a) and 450.450(a))
- 4) National Committee for Clinical Laboratory Standards (NCCLS)
"Protection of Laboratory Workers from Infectious Disease
Transmitted by Blood, Body Fluid and Tissue"
Document #M29-T, Vol. 9, #1 (January 1989), 771 East Lancaster
Avenue, Villanova, PA 19085
- 5) 42 CFR 405.1317 (b)(1) (1988)
- 6) International System of Cytogenetic Nomenclature, S. Karger AG,
Medical and Scientific Publishers, P.O. Box CH-4009 Basel
(Switzerland) 1985. (See Section 450.1150(j)(3)(c)(i))
- d) All incorporations by reference of federal regulations and the
standards of nationally recognized organizations refer to the
regulation and standards on the date specified and do not include any
additions or deletions subsequent to the date specified.

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.60 Administrative Hearings

Department decisions concerning registration, permits and licenses may be reviewed in an administrative hearing. All administrative hearings shall be conducted in accordance with the Act and the Department's Rules of Practice and Procedures in Administrative Hearings. (77 Ill. Adm. Code. 100).

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART B: DIRECTORS OF CLINICAL LABORATORIES AND-BLOOD-BANKS

Section 450.210 Qualifications of the Director of a Clinical Laboratory
or-Blood-bank.

- a) QUALIFICATIONS OF DIRECTORS. EVERY CLINICAL LABORATORY SHALL BE UNDER THE SUPERVISION AND DIRECTION OF A DIRECTOR WHO POSSESSES ONE

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OF THE FOLLOWING QUALIFICATIONS. These qualifications must be documented on the Department form entitled "Laboratory Personnel Qualifications Appraisal". (See Section 450.50(c)(3))

- 1) THE INDIVIDUAL IS A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES IN ILLINOIS AND CERTIFIED BY THE AMERICAN BOARD OF PATHOLOGY OR THE AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY IN CLINICAL PATHOLOGY, OR WHO POSSESSES QUALIFICATIONS WHICH ARE EQUIVALENT TO SUCH CERTIFICATION (BOARD ELIGIBLE).
- 2) THE INDIVIDUAL IS A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES IN ILLINOIS WITH SPECIAL QUALIFICATIONS IN THE PERFORMANCE OF THE TEST OR TESTS OFFERED BY THE CLINICAL LABORATORY, WHOSE TRAINING AND EXPERIENCE ARE ACCEPTABLE TO THE DEPARTMENT.
 - A) A physician having not less than one year of post-graduate training in diagnostic laboratory procedures in a residency training program approved for training purposes by the American Board of Pathology or the American Osteopathic Board of Pathology.
 - B) A physician having not less than two years of supervised experience in an approved clinical laboratory carrying out procedures in the field or fields of science which encompass the program and services provided by the laboratory which this individual will direct.
 - C) To be director of a genetics laboratory, the physician shall have 4 or more years of post-graduate genetics laboratory experience in an approved clinical laboratory.
 - D) To be director of a histocompatibility laboratory, the physician shall have 4 or more years of immunology laboratory experience in an approved clinical laboratory, subsequent to becoming a physician, 2 years of which have been in histocompatibility testing.
 - E) To be director of a toxicology laboratory which performs tests for controlled substances, the physician shall have 4 or more years of post-graduate experience in an approved clinical laboratory which performs tests for controlled substances or have formal academic education from an accredited institution in drug metabolism, drug kinetics, and the use and limitations of analytical procedures used in drug analysis.

- 3) IN THE CASE OF A LABORATORY, THE PRINCIPAL PLACE OF BUSINESS OF

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WHICH IS OUTSIDE THE STATE OF ILLINOIS, THE INDIVIDUAL IS A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL OF ITS BRANCHES IN THAT STATE AND POSSESSES SPECIAL QUALIFICATIONS IN THE PERFORMANCE OF THE TEST OR TESTS OFFERED BY THE CLINICAL LABORATORY WITH TRAINING AND EXPERIENCE ACCEPTABLE TO THE DEPARTMENT.

- A) A physician having not less than one year of post-graduate training in diagnostic laboratory procedures in a residency training program approved for training purposes by the American Board of Pathology or the American Osteopathic Board of Pathology.
- B) A physician having not less than two years supervised experience in an approved clinical laboratory carrying out procedures in the field or fields of science which encompass the program and services provided by the laboratory which this individual will direct.
- C) To be director of a genetics laboratory, the physician shall have 4 or more years of post-graduate genetics laboratory experience in an approved clinical laboratory.
- D) To be director of a histocompatibility laboratory, the physician shall have 4 or more years of immunology laboratory experience in an approved clinical laboratory, subsequent to becoming a physician, 2 years of which have been in histocompatibility testing.
- E) To be director of a toxicology laboratory which performs tests for controlled substances, the physician shall have 4 or more years of post-graduate experience in an approved clinical laboratory which performs tests for controlled substances or have formal academic education from an accredited institution in drug metabolism, drug kinetics, and the use and limitations of analytical procedures used in drug analysis.

4) THE INDIVIDUAL IS A PHYSICIAN (i.e. physician licensed to practice medicine in all its branches or a chiropractic physician), DENTIST OR PODIATRIST LICENSED IN ILLINOIS.

5) THE INDIVIDUAL HOLDS A DEGREE ABOVE BACCALAUREATE LEVEL FROM A COLLEGE OR UNIVERSITY ACCEPTABLE TO THE DEPARTMENT, WITH A MAJOR IN CHEMICAL OR BIOLOGICAL SCIENCES AND HAS SATISFIED THE DEPARTMENT OF HIS TRAINING AND PROFICIENCY IN THOSE TESTS FOR WHICH THIS LICENSE IS SOUGHT.

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- A) An individual who holds an earned graduate degree above the baccalaureate level from an accredited institution in a medical laboratory science or with a chemical or biological science as a major subject may direct a laboratory which requires a class I, II, or III permit or a license, provided the individual documents that the individual has had 3 more years of full-time clinical laboratory training and experience in an approved clinical laboratory, subsequent to graduation, in each area of the laboratory in which testing is performed. The laboratory areas are bacteriology/mycology, parasitology, virology, immunology/serology, hematology, immunohematology, and chemistry. Experience as a technologist in an approved clinical laboratory which was gained prior to acquiring the graduate degree may be substituted on an equivalency basis of 1.5 years of such experience for every 1 year of post degree training and experience required; and experience as a general supervisor in an approved clinical laboratory, which was gained prior to acquiring such degree, may be substituted on a 1-for-1 basis. Such documentation shall be made on a form entitled "Laboratory Personnel Qualifications Appraisal" (See Section 450.50(c)(3)).
- B) To be director of a histocompatibility laboratory, the individual shall hold an earned doctoral degree from an accredited institution with a chemical or biological science as a major subject and have 4 or more years of postdoctoral laboratory experience in immunology in an approved clinical laboratory, 2 of which have been in histocompatibility testing.
- C) To be director of a genetics laboratory, the individual shall hold an earned doctoral degree from an accredited institution with a chemical or biological science as a major subject and have 4 or more years of postdoctoral genetics laboratory experience in an approved clinical laboratory.
- D) To be director of a toxicology laboratory which performs tests for controlled substances, the individual shall hold an earned doctoral degree from an accredited institution with a chemical or biological science as a major subject and have 4 or more years of post-graduate experience in an approved clinical laboratory which performs tests for controlled substances; or have formal academic education from an accredited institution in drug metabolism, drug kinetics, and the use and limitations of analytical procedures used in drug analysis.

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- 6) AN INDIVIDUAL LISTED AS THE DIRECTOR, PRIOR TO AUGUST 23, 1965, OF ONE CLINICAL LABORATORY WHICH WAS REGISTERED WITH THE DEPARTMENT UNDER THE PROVISIONS OF THIS ACT, MAY CONTINUE TO DIRECT ONE LABORATORY, AND AN INDIVIDUAL WHO DIRECTED TWO SUCH LABORATORIES SIMULTANEOUSLY MAY CONTINUE TO DIRECT TWO LABORATORIES, EXCEPT THAT THE DEPARTMENT, UPON RECOMMENDATION OF THE CLINICAL LABORATORY AND BLOOD BANK ADVISORY BOARD, MAY, AS A CONDITION PRECEDENT TO THE ISSUANCE OF AN ORIGINAL LICENSE HEREUNDER, REQUIRE SUCH INDIVIDUAL TO PASS A PRACTICAL EXAMINATION IN THE EVENT THAT IT DEEMS SUCH AN EXAMINATION NECESSARY TO DETERMINE THE COMPETENCE OF THE INDIVIDUAL TO DIRECT A CLINICAL LABORATORY. The Department will not require a practical examination.

- 7) THE INDIVIDUAL IS A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES IN ILLINOIS.

- 8) To be director of a pathologic anatomy laboratory, the individual must be a physician licensed to practice medicine in all its branches in Illinois and certified or determined to be board eligible by the American Board of Pathology in Anatomic Pathology or the American Osteopathic Board of Pathology in Anatomic Pathology, or the individual is a dentist licensed in Illinois and certified by the American Board of Oral Pathology; except that bone marrow interpretations may be done by a hematologist who is certified or determined to be board eligible by the American Board of Internal Medicine.

- b) MINIMUM REQUIREMENTS FOR LABORATORY DIRECTION AND STAFFING. A PERMIT OR LICENSE TO OPERATE A CLINICAL LABORATORY SHALL BE ISSUED ONLY IF THE FOLLOWING TECHNICAL STAFF ARE EMPLOYED TO PROVIDE SUPERVISION AND DIRECTION DURING TESTING AS REQUIRED BY REGULATIONS PROMULGATED PURSUANT TO THIS ACT:

- 1) A CLASS I PERMIT REQUIRES A DIRECTOR QUALIFIED UNDER SUBSECTIONS (1), (2), (4), (5), (6) OR (8) OF SUBSECTION (a) OF THIS SECTION TO PROVIDE SUPERVISION AND DIRECTION, WITH OR WITHOUT A LABORATORY ASSISTANT.

- 2) A CLASS II PERMIT REQUIRES A DIRECTOR QUALIFIED UNDER SUBSECTIONS (1), (2), (5), (6), (7) OR (8) OF SUBSECTION (a) OF THIS SECTION TO PROVIDE SUPERVISION AND DIRECTION, WITH THE EMPLOYMENT OF TECHNICIANS OR TECHNOLOGISTS.

- 3) A CLASS III PERMIT REQUIRES A DIRECTOR QUALIFIED UNDER SUBSECTIONS (1), (2), (5), (6) OR (7) OF SUBSECTION (a) OF THIS SECTION TO PROVIDE SUPERVISION AND DIRECTION, WITH THE EMPLOYMENT OF LABORATORY ASSISTANTS OR TECHNICIANS.

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- 4) A LICENSE REQUIRES A DIRECTOR QUALIFIED UNDER SUBSECTIONS (1), (2), (3), (5), (6) OR (8) OF SUBSECTION (a) OF THIS SECTION TO PROVIDE SUPERVISION AND DIRECTION, WITH THE EMPLOYMENT OF A GENERAL SUPERVISOR IF NECESSARY TO PROVIDE SUPERVISION IN THE ABSENCE OF THE DIRECTOR.

- 1) An individual who is not certified by the American Board of Pathology, but who has completed residency training in clinical pathology which meets the requirements of the American Board of Pathology for admission to its examination is, upon submittal of acceptable evidence of completion of such training, eligible to direct a clinical laboratory.

- 2) A physician who has completed not less than two years of postgraduate training in clinical laboratory methods in a country other than the U.S. or Canada, in programs approved for such training in the country in which the training was obtained is, upon submittal of acceptable evidence of completion of such training, eligible to direct a clinical laboratory.

- b) A licensed physician or a licensed dentist whose qualifications fall into one or more of the following special categories is, upon submittal of proper evidence of having completed the requisite periods of training or experience, eligible to direct a clinical laboratory.

- 1) A physician or dentist having not less than one year of postgraduate training in diagnostic laboratory procedures in a hospital or other laboratory approved for training purposes and acceptable to the department.

- 2) A physician or dentist having not less than two years supervised experience in a laboratory other than those specified above, carrying out procedures in the field or fields of science which encompass the program and services provided by the laboratory which this individual will direct.

- 3) A dentist certified by the American Board of Oral Pathology may direct a laboratory whose program and services are limited to anatomic (including exfoliative cytologic) examination of cells and tissues from the oral cavity and immediately related structures, if examinations other than anatomic are carried out, the individual must comply with the other requirements of this section.

- e) A person licensed under the Medical Practice Act to treat human ailments without the use of drugs or medicines and without operative

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surgery may direct a clinical laboratory specifically restricted to the performance of those procedures utilized in the practice of the system or method which he practices; provided he presents acceptable evidence of having obtained not less than one year of training and two years of supervised experience subsequent to graduation in his major field; in a laboratory utilized by practitioners of his system for the treatment of human ailments.

- d) An individual who holds an earned graduate degree above the baccalaureate level from an accredited institution with a chemical or biological science as a major subject may direct a laboratory; provided the individual documents that he/she has had 3 or more years of full-time clinical laboratory training and experience in an approved clinical laboratory; subsequent to graduation, in each area of the laboratory in which testing is performed. The laboratory areas are bacteriology, mycology, parasitology, virology, immunology, serology, hematology, immunohematology, and chemistry. Experience as a technologist in an approved clinical laboratory which was gained prior to acquiring the graduate degree may be substituted on an equivalency basis of 1.5 years of such experience for every 1 year of post-degree training and experience required; and experience as a general supervisor in an approved clinical laboratory, which was gained prior to acquiring such degree, may be substituted on a 1-for-1 basis. Such documentation shall be made on a form entitled "Laboratory Personnel Qualifications Appraisal".
- e) A licensed physician who is not certified by the American Board of Pathology in clinical pathology may direct a blood bank if he meets either of the following qualifications:

- 1) A pathologist who has completed residency training in clinical pathology which meets the requirements of the American Board of Pathology FOR ADMISSION TO ITS EXAMINATION, upon submittal of acceptable evidence of completion of such training; or
- 2) A physician who has completed not less than two years of post/graduate training and experience in blood banking methods in a blood bank acceptable to the Department at least one year of which shall have been in a closely supervised trainee ("resident", "fellow", or similar) status.

- f) An individual listed as the director of a clinical laboratory registered prior to the date of approval of this Act under the provisions of the "Illinois Clinical Laboratory Registration Act" approved August 21, 1963 and who has achieved a satisfactory grade on the practical examination prescribed by the Department where required may continue to direct said laboratory, in exceptional cases, permission to operate an additional laboratory may be granted

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at the discretion of the Department upon presentation of evidence that:

- 1) Adequate direction and technical supervision exist at all laboratories operated by the Director; and
- 2) That enforcement of the foregoing limitation would deprive a community of needed services.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.220 Operational Participation of the Director

- a) The laboratory director must follow the weekly schedule established in accordance with Section 450.1110(d) except for absences due to emergencies, illness, or professional meetings. In case of an absence for vacation or other purposes which does not exceed 30 days, the owner director shall ensure director coverage by designating an acting director who is qualified to direct that laboratory.
- b) In case of an absence which is more than 30 days, the owner director shall designate an acting director to direct the laboratory in the Director's absence who meets the qualifications set forth in Section 6-101 of the Illinois Clinical Laboratory Act which are appropriate for the permit or license held by the laboratory. The owner He/she shall submit to the Department immediately after 30 days has elapsed, a personnel form for the acting director. This individual may be the same individual designated in accordance with Section 450.220 (a) or another individual. The acting director may continue to function as director for a period of 90 days after the personnel form is received.
- c) An acting director may not serve as director for a period of time exceeding 120 days, 90 days after the personnel form was received by the Department, unless the owner informs a new license application is submitted to the Department that to change the acting director is now the director.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.230 Number of Laboratories Permitted to Operate

- a) The director of a clinical laboratory or blood bank shall not direct more than three clinical laboratories, and/or or blood banks (hospital or independent). This limitation does not preclude a director from serving additional laboratories as a consultant, general supervisor, or acting director.

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- b) The director of a clinical laboratory or blood bank must actively participate in the activities and programs of the clinical laboratory or blood bank; therefore, attendance of brief duration sufficing only for signature of reports or other nominal administrative duties will not constitute compliance with Section 6-104 of the Act.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART C: LOCATION, CONSTRUCTION AND SANITATION

Section 450.310 Location

The location and construction of the laboratory, including plumbing, heating, lighting, ventilation, electrical services and similar features, shall be such as to ensure that the operation of the laboratory will present no hazard to the public health. Each initial license application and each license application for a change of location shall be accompanied by a letter from the laboratory owner indicating that the owner has checked with any zoning authority having jurisdiction and the zoning authority has found that the laboratory location meets local requirements or will meet local requirements within a time frame acceptable to the zoning authority. If no zoning authority has jurisdiction, the letter shall state that fact.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.320 Conformance to Local Ordinances

Laboratory quarters and facilities shall conform to all local building, safety, and fire codes or ordinances. Each initial license application and each license application for a change of location, shall be accompanied by a letter from the laboratory owner indicating that the laboratory has been inspected and approved by the local authorities to ensure that the laboratory meets the applicable building safety code, plumbing code, fire code, and ordinances, or by laws. If there are no local codes, ordinances or by-laws relating to plumbing, the owner shall submit documentation that the laboratory premise has been inspected and approved by a State licensed plumber within the last year.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.330 Safety and Sanitation Manual Requirements

- a) The laboratory or blood bank director shall establish a Safety and Sanitation Manual. This manual shall be consistently implemented throughout the facility and contain signed or initialed documentation that it has been reviewed by the director at least annually to ensure that the requirements of this Part are met. The manual shall include but need not be limited to the following items as they apply to the

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Licensed or permitted laboratory.

a) General Sanitation and Safety with respect to:

- 1) minimum clearance in passageways to assure that exit from and access to the laboratory is not impeded;
- 2) the selection of and the schedule for the use of cleaning supplies for floors, walls, ceilings, bench tops, and sinks;
- 3) hand washing protocol;
- 4) requiring that all items which are disposed of and which can cut or puncture the skin shall be placed in containers which are impervious to the flow of liquids, rigid to prevent the container from collapsing when handled in the laboratory, and puncture proof to prevent needles from penetrating the container;
- 5) safe storage, transport, and use of compressed gases, if any, which includes the requirements that each cylinder is shipped with a valve safety cover which shall remain in place when regulators are not attached; that gas cylinders shall be secured at all times; and that empty containers shall be labeled and removed from the laboratory;
- 6) requiring that smoking, eating, and drinking shall be prohibited in all areas where laboratory work is performed;
- 7) requiring that mouth pipeting shall be prohibited;
- 8) requiring that all electrical outlets shall be grounded, electrical equipment be maintained in condition to prevent shock and fire hazards, and protective fuses not be bypassed; and
- 9) requiring that all blood letting and collection devices shall be both sterile and disposable.

- b) The manual shall include, but need not be limited to, the following: cultures and specimens to be discarded, and all other potentially infectious materials, shall be completely incinerated or sterilized or sealed in order to render the materials innocuous before disposal or removal from the premises.

Warning signs shall indicate "Hazardous Materials" (radioactive, flammable, poison, irritant, carcinogen, etc.) with required precautions in the use and storage of those materials.

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c) Fire prevention and control with respect to:

- 1) the use of open flames, flammables, safety cans, safety cabinets, etc.;
- 2) requiring that a fire extinguisher of the CO 2 or dry chemical type shall be in the laboratory;
- 3) actions to be taken in case of fire; and
- 4) requiring that provisions for unimpeded egress from the building shall be posted.

d) Chemical hazards with respect to:

- 1) maintenance of a list of all chemicals used in the laboratory categorized as corrosive, flammable, toxic, carcinogenic, explosive, radioactive, and mutagenic;
- 2) actions to be taken in the event of an accidental break or spill;
- 3) ventilation in accordance with the kinds of chemical fumes encountered;
- 4) storage requirements for chemicals which are caustic, poisonous, flammable, carcinogenic, etc.;
- 5) requiring that wastes discharged to any sewer shall be in accordance with the general requirements for liquids, solids, or gases as well as specific requirements for mercury and cyanide as established by the Illinois Environmental Protection Agency (35 Ill. Adm. Code 307).
- 6) safe use of radioactive materials, if used in the laboratory, by having a registration certificate or license from the U.S. Nuclear Regulatory Commission or the agency to which the U.S. Nuclear Regulatory Commission has delegated certification or licensure authority.

e) Biological hazards with respect to:

- 1) handling of specimens to avoid infection by air, ingestion, direct inoculation, and skin contact;
- 2) providing biological safety hoods and other appropriate barriers (fe. plastic gloves) in accordance with the types of organisms encountered; and

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- 3) disposal of cultures, specimens and other potentially infectious materials, which shall be completely incinerated or otherwise sterilized or sealed in a container as indicated below to render the materials innocuous before disposal or removal from the premises.

- 4) specific procedures to be followed in the event of accidental exposure to a biological hazard.

f) The manual shall include but need not be limited to the following-
cultures and specimens to be discarded and all other potentially-
infectious materials, shall be completely incinerated or sterilized-
or sealed in order to render the materials innocuous before disposal-
or removal from the premises.

A1) The incineration of materials shall be done in accordance with the requirements of the Illinois Environmental Protection Agency concerning the operation of an incinerator. (35 Ill. Adm. Code 724.700).

B2) The sterilization of materials shall be done by autoclaving the materials in accordance with the manufacturer's recommendations and the effectiveness of the autoclave shall be verified and documented at least weekly with a biological spore assay containing B. stearothermophilus.

C3) The disposal or removal of materials outside of the facility shall be done in the following manner:

iA) Incinerated or sterilized materials shall be disposed of through routine waste disposal methods without precautions against possible contamination.

iiB) Materials which have not been incinerated or sterilized shall be disposed of by a waste hauler with a proper permit from the Illinois Environmental Protection Agency. (35 Ill. Adm. Code 809). These materials must be sealed, transported and stored in biohazard containers. These containers shall be marked "Biohazard," bear the universal biohazard symbol, and be orange, orange and black or red. The containers shall be rigid and puncture-resistant such as a secondary metal or plastic can with a lid that can be opened by a step-on pedal. These containers shall be lined with one or two high density polyethylene or polypropylene plastic bags with a total thickness of at least 2.5 mil. or equivalent material. The containers which are marked "Biohazard"

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shall be sealed before being removed from the laboratory or blood bank.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART D: QUALIFICATIONS OF PERSONNEL HAVING RESPONSIBILITY FOR THE CONDUCT AND OPERATION OF THE LABORATORY

Section 450.410 General Supervisor

a) Duties

In a licensed laboratory, there shall be at least one qualified director or supervisor on the laboratory premises during all hours in which tests are performed. In the absence of the director, the supervisor shall supervise technical personnel and reporting of findings, perform tests requiring special scientific skills and be held responsible for the proper performance of all laboratory procedures. During periods of time when the laboratory is open for emergency testing only, a director or supervisor is not required to be on the premises provided a qualified technologist (See Section 450.420) performs the emergency tests and the director or supervisor who is responsible for the work reviews and documents the review of the results during the next duty period when the laboratory is open to provide other than emergency testing or within 24 hours, whichever occurs first. An emergency shall be determined by the physician attending the patient, and in order to clearly indicate an emergency exists, the laboratory request form shall include an appropriate designation such as "Stat".

b) Qualifications of a Laboratory Supervisor

An individual who meets one of the following qualifications shall qualify as a general supervisor. These qualifications must be documented on the Department's form entitled "Laboratory Personnel Qualifications Appraisal". (See Section 450.50(c)(3) A-laboratory supervisor shall be qualified in accordance with one or more of the following:

- 1) The individual he/she is a physician licensed to practice medicine in all of its branches or has an earned doctoral degree from an accredited institution in a medical laboratory science such as microbiology and clinical chemistry with a major in one of the chemical, physical, or biological sciences and subsequent to graduation has had at least 1 year 2-years of full-time experience in one of the laboratory specialties in an approved clinical laboratory. (e.g.; at least 30 hours per week doing those tests conducted by a clinical laboratory

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pursuant to Section 2-103 of the Act).

- 2) The individual he/she has a Master of Arts or Master of Science degree from an accredited institution in a medical laboratory science such as microbiology and clinical chemistry and with a major in one of the chemical, physical, or biological sciences and subsequent to graduation has had at least 1 year 3-years or pertinent full-time laboratory experience in an approved clinical laboratory.

- 3) The individual is qualified as a medical technologist pursuant to the provisions of Section 450.420. If the individual qualifies as a medical technologist because the individual has successfully passed the United States Public Health Service Exam prior to July 1, 1989, the individual has either:
 - A) an associate degree or at least 60 semester hours of academic credit from an accredited institution, including at least 12 semester hours in chemistry and biology courses and four years of full-time laboratory experience in an approved clinical laboratory; or
 - B) six years of experience as a medical technologist in an approved laboratory. He/she is qualified as a medical technologist pursuant to the provisions of Section 450.420 and subsequent to the date of qualifying as a medical technologist has:

- A) at least four years of pertinent full-time laboratory experience in an approved clinical laboratory; and

- B) if the individual qualifies as a medical technologist because he/she has successfully passed the United States Public Health Service Exam, he/she has an associate degree or at least 60 semester hours of academic credit from an accredited institution, including at least 12 semester hours in chemistry and biology courses.

- 4) With respect to the specialty of diagnostic cytology, qualifies as a supervisory cytotechnologist because the individual he/she qualifies as a cytotechnologist under Section 450.430(a), or (b) or (c) and has had at least 4 years of full-time experience within the preceding 10 years as a cytotechnologist in a laboratory directed by an individual qualified to direct such a laboratory under Section 6-103 of the Illinois Clinical Laboratory Act within the preceding 10 years.

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- 5) With respect to the specialty of genetics, qualifies as a supervisor because the individual meets the requirements of subsections (b)(1), (2) or (3) above and a minimum of two years of experience, except that the experience requirements must be in a genetics laboratory.

- c) Exception to subsections Subsection 450-410 (b) (1), (2) and (3) above

An individual serving as general supervisor of a clinical laboratory on September 15, 1970 and having had at least 15 years of pertinent laboratory experience prior to September 15, 1970 may continue to serve as supervisor of said laboratory: provided, that a minimum of 30 semester hours credit toward a Bachelor's degree with a chemical, physical or biological science as his major subject shall reduce the required years of experience by 2 years, with any additional hours further reducing the required years of experience at the rate of 15 hours for 1 year.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1980)

Section 450.420 Medical Technologist

- a) An individual who meets one of the following qualifications shall qualify as a technologist. These qualifications must be documented on the Department's form entitled "Laboratory Personnel Qualifications Appraisal". (See Section 450.50(c)(3)) Definitions of medical technologist, for purpose of Section 450.410(b)(4)--A medical technologist is an individual trained in accordance with Section 450.420(b) and whose duties consist primarily in the performance, under general supervision, of clinical laboratory tests which require the exercise of independent judgment--A medical technologist is distinguished from a medical laboratory technician, the latter being an individual not trained in accordance with Section 450.420(b)--The duties of a medical laboratory technician consist primarily in the performance of only those laboratory procedures which require limited technical skill and responsibility and a minimal exercise of independent judgment under the direct supervision of a medical technologist.

- b) The training of a medical technologist is in accordance with one or more of the following:

- 1) The individual has an earned holder of Bachelor's degree in medical technology from an accredited college or university.
- 2) The individual has successful completion of 3 academic years of study (a minimum of 90 semester hours or equivalent) in an

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accredited college or university which meets the specific requirement for entrance into, and the successful completion of a course of training of at least 12 months in, a school of medical technology accredited by one of the agencies regional accreditation programs recognized by the U.S. Office Commissioner of Education for the accreditation of training programs for medical technologists, as distinguished from training programs for medical laboratory technicians.

- 3) The individual has an earned Bachelor's degree from successful completion in an accredited college or university of a course of studies which meets all academic requirements for a bachelor's degree in one of the chemical, physical, or biological sciences and in addition at least 1 year of pertinent clinical laboratory experience and/or training in an approved clinical laboratory in the laboratory field or fields in which the individual performs tests, provided the combination has given the individual the equivalent of the education and training described in Section 450.420(b)(2).

- 4) The individual has completed successful completion of 3 years (90 semester hours or equivalent in quarter hours) in an accredited college or university with a distribution of courses as shown below, and, in addition, successful experience and/or training covering several fields of medical laboratory work of such length (not less than 1 year), and of such quality that this experience or training in an approved clinical laboratory in the laboratory field or fields in which the individual performs tests, when combined with the education, will have provided the individual with education and training in medical technology equivalent to that described in Section 450.420(a)(2). The specified courses must have included lecture and laboratory work. Survey courses are not acceptable.

- A) For those whose training was completed prior to September 15, 1963: academic training must include at least 24 semester hours in chemistry and biology courses of which not less than 9 semester hours must have been in chemistry and must have included at least 6 semester hours in inorganic chemistry, and not less than 12 semester hours must have been in biology courses pertinent to the medical sciences.
- B) For those whose training was completed after September 15, 1963: academic training must include 16 semester hours in chemistry courses which must have included at least 6 semester hours in general chemistry and the remaining semester hours in analytical chemistry, organic chemistry

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and/or physical chemistry and which are acceptable toward a major in chemistry; 16 semester hours in biology courses which are pertinent to the medical sciences and are acceptable toward a major in biological sciences; and 3 semester hours of mathematics.

b)e) Exceptions to Section 450-420 subsection(a) (b) above

- 1) An exception to subsection the requirement of (b) may be made if

A) The technologist was performing the duties of a medical technologist on, or within the 5 years preceding July 1, 1966, and

B) The technologist has had at least 10 years of pertinent clinical laboratory experience prior to July 1, 1966, provided, that a minimum of 30 semester hours of credit toward a bachelor's degree from an accredited institution with a chemical, physical, or biological science as his major subject, or 30 semester hours in a school of medical technology approved in accordance with subsection(a) (b)(2) shall reduce the required years of experience by 2 years, with any additional hours further reducing the required years of experience at the rate of 15 hours for 1 year.

- 2) An individual who has successfully passed the United States Public Health Service exam in order to qualify under Medicare and Medicaid as a clinical laboratory technologist will be considered to meet the qualifications for a medical technologist upon submission of proper documentation to the Department.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.430 Cytotechnologist

An individual who meets one of the following qualifications shall qualify as a cytotechnologist. These qualifications must be documented on the Department's form entitled "Laboratory Personnel Qualifications Appraisal". (See Section 450.50(c)(3)) The training of a cytotechnologist must be in accordance with one of the following:

- a) The individual has successfully completed 2 years (60 semester hours of academic credit) in an accredited college or university with at least 12 semester hours in science, 8 hours of which are in biology, and has had 12 months of training in a school of cytotechnology accredited by one of the agencies regional

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accrediting programs recognized by the U.S. Office Commissioner of Education; or

- b) The individual has successfully completed 2 years (60 semester hours of academic credit) in an accredited college or university with at least 12 semester hours in science, 8 hours of which are in biology, and has received 6 months of formal training in a school or agency of cytotechnology accredited by one of the accrediting regional recognized by the U.S. Commissioner of Education and 6 months of full-time experience in cytotechnology in a laboratory affiliated with the school of cytotechnology; or

- c) Prior to January 1, 1969, the individual has

- 1) Been graduated from high school;
- 2) completed 6 months of training in cytotechnology in a laboratory directed by a physician certified or determined board eligible by the American Board of Pathology in pathologic anatomy; and
- 3) completed 2 years of full time supervised experience in cytotechnology.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.440 Technician

An individual who meets one of the following qualifications shall qualify as a technician: These qualifications must be documented on the Department's form entitled "Laboratory Personnel Qualifications Appraisal". (See Section 450.50(c)(3)) Persons employed by a laboratory which meets the definition of a Class II Laboratory which do not presently have the minimum qualifications of a technician may continue to be employed by the laboratory in question until July 1, 1992 without meeting the requirements of a technician. After July 1, 1992, all technical persons performing laboratory testing must meet the qualifications set forth in this Part.

- a) Successful completion of 60 semester hours of academic credit including chemistry and biology as well as a structured curriculum medical laboratory techniques at an accredited institution or has an associate degree based on a course of study including those subjects from an accredited institution; or

- b) High school graduate or equivalent and has completed at least 1 year in a technician training program in a school accredited by an accrediting agency approved by the U.S. Office of Education; or

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- c) High school graduate or equivalent and has successfully completed an official military medical laboratory procedures course of at least 50 weeks duration and has held the military enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician).

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.450 Laboratory Assistant

A laboratory assistant is an individual who is employed in a laboratory and meets the education and experience requirements set forth by that laboratory director and who functions only under the direct supervision of a director, supervisor or technologist. These requirements must be established in writing and submitted to the Department with the Department's form entitled "Laboratory Personnel Qualifications Appraisal" (See Section 450.50(c)(3)).

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART E: EQUIPMENT

Section 450.510 Facilities and Equipment

The laboratory must document that the physical facilities, equipment, and instruments are adequate for performance of tests for which the laboratory is requesting a license or permit. (See Subpart C)

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.520 Preventive Maintenance of Equipment and Instruments

a) Preventive maintenance program

- 1) The laboratory must establish a written preventive maintenance program for each piece of equipment. The program shall be documented and implemented on a regularly scheduled basis. It shall provide for instrument function verification and equipment maintenance.

- 2) The laboratory is not required to follow the manufacturer's recommendations; whosever-defined preventive maintenance programs shall at minimum coincide with the manufacturer's recommendations.

b) Service Contract

- 1) A service contract from an outside source for preventive maintenance is acceptable provided there is a description of the services to be performed for each instrument or and/or each

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piece of equipment and a statement of the frequency of maintenance to be performed.

- 2) A service contract does not negate the laboratory's responsibility to perform other routine maintenance as may be required.

- 3) The laboratory must maintain records of preventive maintenance whether performed by the laboratory staff or by an outside source.

c) Specific Laboratory Equipment Other

- 1) Automatic dilutors and samplers, except those checked by use of a calibrator or reference material included in each run, shall be checked for accuracy and reproducibility at least once per month.

- 2) A serum/cell calibration shall be performed on a serofuge when first put into operation and after major adjustments or repairs. Accuracy of the timer and rpm shall be checked at least quarterly.

- 3) Volumetric glassware (pipets, flasks) that is not designated "class A" by the manufacturer, shall be calibrated to confirm its designated volume.

- 4) Cuvettes shall be free of scratches and suitable to the procedure in which they are used. If applicable, the cuvettes should be matched.

- 5) Specific requirements for checking spectrophotometers and radioactive counting equipment are included in Subpart K.

- 6) Thermometer readings for temperature controlled spaces and instruments shall be recorded each day for use. Minimum/maximum thermometers shall be used in critical storage areas. Tolerance limits shall be established.

- 7) All thermometers in the laboratory shall be checked against a reference thermometer (certified by the National Bureau of Standards or guaranteed by the manufacturer to meet National Bureau of Standards criteria) before being placed into use and annually thereafter.

- 8) Glassware shall be free from scratches and cloudiness and graduations shall be legible. "to contain" and "to deliver" pipettes shall be separated.

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- 9) Analytical balances shall be checked for accuracy at least annually, and accuracy of weights verified by using "Class A" weights.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.530 Glassware (Repealed)

Glassware shall be free from excessive scratches and cloudiness, and graduations must be legible, and "to contain" and "to deliver" pipettes are to be separated. Cleanliness of glassware must be adequate for the purpose to which it is put.

(Source: Repealed at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.540 Lancets, Needles and Syringes (Repealed)

Bloodletting lancets, needles and syringes, if not disposable, shall be heat/sterilized prior to each use. Sterilization shall be by steam at 121.5 degrees centigrade for 2 hours. Each sterilizing cycle shall contain an indicating device to assure proper sterilization.

(Source: Repealed at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.550 Electrical Equipment (Repealed)

Electrical equipment shall be maintained in a safe condition as regards shock and fire hazards. Metal housings are to be grounded wherever feasible, and protective fuses shall not be bypassed.

(Source: Repealed at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.560 Photometric and Spectrophotometric Equipment (Repealed)

Photometric and spectrophotometric equipment shall be checked periodically for integrity of wave-length settings and accuracy of photometric scale.

(Source: Repealed at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.570 Analytic Balances and Weights (Repealed)

Analytic balances and weights shall be checked at least annually, and accuracy of weights verified.

(Source: Repealed at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART F: OUT OF STATE LABORATORIES AND BLOOD BANKS

Section 450.610 Criteria for Licensure

- a) Illinois licensure is required if clinical laboratories and blood banks located outside of this state accept specimens referred by clinical laboratories and blood banks located in Illinois, except as otherwise provided in Subpart A of this part.

- b) Out-of-state laboratories and blood banks shall must:

- 1) Apply for an Illinois license in the same manner as facilities located in this state and pay the same licensee fees.

- 2) Comply with all standards applicable to laboratories or blood banks located in Illinois, contained in the appropriate licensing Acts and these regulations, including but not limited to the provisions of Article VI and VII of the Licensing Acts. In cases in which the standards of practice permitted in the state in which the laboratory or blood bank is located are not in accordance with these standards, the out-of-state laboratories shall and blood banks must comply with these Illinois standards when serving licensed physicians, dentists, hospitals, blood banks, or clinical laboratories located in Illinois which are required to have a license or permit.

- 3) Submit such reports as may be required, including but not limited to periodic reports of Illinois laboratories or blood banks referring specimens to the out-of-state laboratory or blood bank.

- 4) Accept evaluation specimens referred by the Illinois Department of Public Health or participate in evaluation of specimens in programs approved by the Department.

- 5) If located in a state which licenses clinical laboratories and or blood banks, must hold a currently valid state license. If a blood bank shipping blood in interstate commerce, must hold a currently valid license from the U.S. Food and Drug Administration.

- 6) Submit with each state license application, a copy of the Laboratory's current license to conduct interstate laboratory services under the Federal Clinical Laboratory Improvement Amendments of 1988 (P.L. 100-578, effective October 31, 1988). Such license shall be used by the Department to determine compliance with this Act. If the state in which the laboratory or blood bank is licensed conducts physical inspection of the premises of the laboratory or blood bank which in the judgment of the Department is equivalent to that conducted by this-

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Department, this inspection may be accepted in lieu of inspection by personnel of this Department, if the state in which licensed does not conduct such an inspection program, the laboratory or blood bank must be inspected at intervals to be determined by the Department of this Department, in the same manner as Illinois laboratories and blood banks, and must reimburse the State of Illinois for the actual costs involved.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART G: PROFICIENCY SURVEY PROGRAM AND
INSPECTION OF FACILITIES

Section 450.710 Inspections

a) All clinical laboratories required to have a license or permit and blood banks subject to licensure shall be open to inspection by representatives of the Department at all reasonable times. The premises and operation of all clinical laboratories and blood banks shall be inspected to study and evaluate the effect of the location, operation, supervision and procedures of such facilities on the health and safety of the people of this state. These inspections will be made at such time as may from time to time be determined by the Department, and may be announced or unannounced. These inspections may include on site review of records and reports pertaining to the technical operations of the laboratory.

b) The Department may submit forms such as check lists to be completed by the director of the laboratory or blood bank in advance of inspection. These forms may include questions relating to the construction, sanitation, equipment, procedures, and records which will be reviewed by the Department and will assist it in making inspections to determine compliance with the appropriate licensing Act and this Part these regulations.

e) Blood banks holding current certificates of inspection and accreditation by the American Association of Blood Banks may be considered to have met the state survey requirements for the year in the interim years, site surveys will be made by the Department.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.720 Proficiency Survey Program

a) The Department shall require the "demonstration of proficiency" in the performance of each test offered by licensed or permitted the clinical laboratories laboratory or blood bank by means of

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State-operated or State-approved proficiency testing programs. The Department may exclude some specific tests from this requirement.

b) Requirements for Testing Service Approval

- 1) The State-approved proficiency testing service must cover all clinical laboratory and anatomical pathology specialties and subspecialties in which the laboratory performs tests as they are made available and are proven feasible for proficiency testing. One or more proficiency testing programs can be utilized to address all tests conducted by a laboratory.
- 2) The approved proficiency testing service must provide to the Department an annual list of subscribers among Illinois laboratories authorizing the proficiency testing service to report their proficiency test results to the Department.
- 3) The approved proficiency testing service must supply exception reports (cumulative survey management reports-cumulative deviancy reports) covering at least the immediately previous two years of testing and documenting the unsatisfactory results during that minimum two year period. This report must be continuously updated with each new testing period and must be made available to both the participating laboratory and to the Department after each testing period.
- 4) The approved proficiency testing service must provide at least the following statistical parameters: mean or median, standard deviation or coefficient of variation, and some discussion and/or indication of accuracy and precision.
- 5) The approved proficiency testing service must document, in writing, the bases for establishing acceptable limits of performance. This documentation must be supplied to the Department and to each participating laboratory at least annually and must cover each test for which proficiency testing is provided. The yearly revision must include all changes made in the criteria for acceptable performance which are to prevail for the ensuing year.
- c) A list of the State-approved proficiency testing programs may be obtained from the Department of Public Health.
- d) The costs of such State-approved proficiency testing shall be borne by the laboratory or blood bank.
- e) The laboratory or blood bank shall keep on file a copy of the results of proficiency testing for review by the State laboratory

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evaluator.

f) Requirements for Laboratory Testing

- 1) The participating laboratory must test applicable materials each time they are distributed by the approved proficiency testing service according to a schedule approved by the Department.
- 2) Those procedures performed by the laboratory for which test materials are provided by the approved proficiency testing service and which are not excluded by the Department from the "demonstration of proficiency" requirement must be proficiency tested by the participating laboratory each time test materials are received.
- 3) The participating laboratory must authorize the approved proficiency testing service to report proficiency test results to the Department.
- 4) The participating laboratory must test applicable materials only in the laboratory to which the license and the proficiency testing requirement applies using personnel and equipment used in that facility in providing services.
- 5) A laboratory shall be required to discontinue providing a service in a procedure or category of procedures (hematology, chemistry, bacteriology-mycology, parasitology, immunology-serology, immunohematology, etc.) if:
 - A) For three consecutive testing periods the laboratory fails to report on test materials received for procedures for which the laboratory is required to be proficiency tested; i or
 - B) For three consecutive testing periods the laboratory demonstrates unsatisfactory performance in a procedure or category of procedures. A determination of satisfactory performance for a procedure for a testing period shall be based upon all results being within acceptable limits established by the proficiency testing service for that procedure and approved by the Department. A determination of satisfactory performance for a category of procedures shall be based upon 75% or more of the results in that category over three consecutive testing periods being within acceptable limits established by the Department.
- 6) A laboratory whose services have been disapproved because of unsatisfactory performance shall be reapproved by the Department

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to provide these services after meeting one of the following conditions, provided that proficiency testing is the only problem preventing reapproval.

- A) The laboratory results for an unsatisfactory discontinued procedure shall be within acceptable limits established by the proficiency testing service for two consecutive testing periods subsequent to the testing periods which resulted in the discontinuance of the procedure. The laboratory results for a disapproved category of procedures shall have 75% or more of the results within acceptable limits established by the proficiency testing service for two consecutive testing periods subsequent to the testing periods which resulted in discontinuance of the category of procedures.
- B) On-site-Testing
 - i) The laboratory director may request the Department to provide proficiency testing specimens for purposes of retesting. The cost of such proficiency testing specimens shall be borne wholly by the laboratory. The Department shall ship or cause to be shipped, hand carry or otherwise convey to the laboratory such proficiency testing specimens within three weeks after receipt of such request. The Department shall provide an on site visit by a laboratory evaluator for the purpose of determining deficiency correction.
 - ii) Successful analysis (100% of specific analysis or 75% of the results of a category are within acceptable limits as established by the testing service) shall be based upon test results of specimens similar in number and purpose to those normally received by the laboratory where performance has been judged unsatisfactory.
 - iii) Successful analysis and site visit findings shall be used to reapprove either a category of procedures or a given procedure.
 - g) Renewal of a license or permit may be denied for failure to maintain an acceptable standard of proficiency in the program and services provided by a laboratory ~~or blood-bank~~.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

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All laboratories which conduct the Western blot assay shall comply with the following requirements.

a) Western blot assay Testing Procedures

- 1) Western blot assay kits licensed by the United States Food and Drug Administration (FDA) shall be performed on specimens which have been found to be repeatably reactive using the enzyme-linked immunosorbent assay (ELISA) test. The laboratory shall perform a Western blot assay test to determine reactivity with viral HIV polypeptides in accordance with manufacturer's recommendations or package insert.

- 2) When a Western blot assay kit that is not licensed by the FDA is utilized, the testing procedure must be able to demonstrate and reproduce in a second demonstration at least the viral human immunodeficiency virus (HIV) polypeptides in accordance with recommendations of the Centers for Disease Control. Association of State and Territorial Public Health Laboratory Directors, or Association of American Association of Blood Banks.

- 3) Western blots must have clear backgrounds and lack non-specific banding; and all banding should be distinct and uniform as well as reproducible.

- 4) The final blots of non-licensed kits must be examined to determine if the antibodies reacted specifically with HIV polypeptides. Western blot interpretations shall be consistent with the manufacturer's recommendations or package insert.

b) Laboratory Certification and Quality Control

- 1) The laboratory prior to using any given lot of a non-licensed Western blot kit, shall test all lot material with control sera consisting of negative (no reaction), weakly positive (some reaction but not strong), and positive (strong, very noticeable reaction) sera. The laboratory shall ensure that the reagent lots are correctly identified with the above control sera. Any and all reagents not meeting the laboratory's specified criteria established in accordance with the quality control system methodologies in Section 450.1150 (g) shall not be utilized for testing.

- 2) The laboratory shall maintain internal viral HIV Western blot quality control for all Western blot assay. All internal Western blot quality control results shall be maintained by the laboratory for review by the Department.

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- 3) The laboratory shall participate in at least one proficiency testing program for ELISA and Western Blot HIV screening and supplemental testing for viral antibodies offered by the College of American Pathologists, the American Association of Bioanalysts, or the Department. A copy of all proficiency testing evaluation reports shall be made available for review by the Department.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART H: SPECIAL REQUIREMENTS PERTAINING TO BLOOD BANKS (REPEALED)

Section 450.810 General (Repealed)

- a) The definition of a "blood bank" is interpreted to include facilities operating or located in Illinois, fixed or mobile, used for the drawing and/or processing of human blood or any of its derivatives prior to transfusion including plasma, serum, packed red blood cells, platelets, or leukocytes. (See Section 450.30(b)(4)(B) and (c) exception)
- b) Application for licensure or renewal of licensure are required of all blood banks together with the specified fee regardless of their profit or not for profit status.
- c) Any changes in the program or services of a blood bank shall be immediately reported to the Department in the manner prescribed by the Department. This includes the discontinuance of any service and/or the place of any such service as well as that of any reference or research facility used by the blood bank.
- d) The Department shall request information periodically prior to physical inspection of a blood bank and/or prior to the demonstration of proficiency in the performance of tests offered by the blood bank through examination of specimens submitted by the Department for this purpose.
- e) All phases of the selection of blood donors and of the collections, storage, processing, and transfusion of blood shall be the responsibility of a qualified licensed physician with a thorough knowledge of blood bank methods and of transfusion principles and practices.
- f) There shall be an adequate staff to perform the various phases of a blood transfusion service under his supervision.
- g) Suitable quarters and equipment shall be available to maintain safe and acceptable standards.

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h) Provision for medical care and hospital services for donors who sustain adverse reactions shall be defined and available.

i) The term "Transfusion" shall apply to whole blood or any of its components.

(Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.820 Applicability of Other Parts of the Regulations (Repealed)

Every blood bank subject to licensure shall comply with the requirements set forth in other parts of these regulations which are applicable to the operation of a blood bank.

(Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.830 Donors and Donor Blood/Criteria for Donor Selection (Repealed)

Blood donations shall be accepted only from individuals who present positive identification and evidence of a fixed address. With identification established, the following rules shall be applied on the day of donation by suitably trained persons and the results shall be appropriately recorded.

a) It shall be determined that the making of the blood donation will not be detrimental to the donor. The following minimum requirements shall apply:

1) Prospective donors with a history of chronic diseases of the heart, kidneys, lungs, liver, etc., or with a history of cancer, except minor skin cancer, abnormal bleeding tendencies, or of convulsions after infancy shall be excluded subject to evaluation by a qualified physician on the day of donation.

2) Except for reasonable qualifying circumstances, the interval between individual donations should be at least 8 weeks.

3) For plasmapheresis not more than 1200 ml. of plasma to be removed in one week.

4) Whole blood donation must be deferred for at least 48 hours after plasmapheresis.

b) The donor shall be free of disease transmissible by blood transfusion as ascertained at the time of collection in accordance with the guide for donor requirements.

c) A guide for donor requirements follows:

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1) General Appearance
The donor shall appear to be in good health and free from acute respiratory diseases.

2) Age
Blood donor shall be between the ages of 17 through 75 (up to 76th birthday) provided:

A) that the donor is 17 years of age or older

B) after the 76th birthday, donors may be accepted at the discretion of the blood bank director if they have specific written consent from a physician within two (2) weeks before the date of donation, and provided that they meet all other criteria for acceptability.

3) Temperature
The oral temperature shall not exceed 99.6 degrees Fahrenheit (37.5 degrees Centigrade)

4) Hemoglobin or hematocrit
The measurement of either value is acceptable.

A) The hemoglobin shall be no less than 12.5 grams per 100 ml. for female donors, and no less than 13.5 grams per 100 ml. for male donors.

B) The hematocrit value shall be no less than 38 percent for females, and no less than 41 percent for males.

5) Pulse
The pulse shall reveal no pathological cardiac irregularity and should be between 50 and 100 beats per minute.

6) Blood Pressure
The systolic blood should be between 90 and 180 mm. of mercury, and the diastolic should not exceed 100 mm. of mercury. Prospective donors with diastolic blood pressure readings between 100 and 110 mm. of mercury and donors with abnormal differences between their systolic and diastolic pressures may be accepted only after evaluation by a qualified physician.

7) Pregnancy
Known existing pregnancy shall exclude a donor. Except for exceptional qualifying circumstances a donor shall be excluded for 6 weeks postpartum.

8) Dental surgery

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Tooth-extraction-or-other-minor-oral-surgery-during-the preceding-72-hours-shall-exclude-a-donor;

9) Receipt-of-blood,-blood-components

Donors-who-during-the-preceding-six-months-have-received blood-or-these-human-blood-components-known-to-be-a-possible source-of-Hepatitis-shall-be-excluded;

10) Infectious-diseases

A-donor-shall-be-free-from-infectious-diseases-known-to-be transmissible-by-blood-insofar-as-can-be-determined-by-usual examinations;

A) Viral-Hepatitis

i) Donors-with-a-history-of-viral-hepatitis-as-well-as those-who-within-six-months-have-had-these-contact with-an-individual-having-the-disease-shall-be excluded;

ii) A-donor-shall-be-excluded-permanently,-if-his-were the-only-unit-of-blood,-blood-component,-or derivative-administered-to-a-patient-who-within-six months-developed-post-transfusion-hepatitis-and-who received-no-other-eterogenic-blood-fractions,-or-if his-blood-has-ever-been-known-to-contain-hepatitis-B antigen;

iii) When-hepatitis-has-developed-after-transfusion-of blood,-blood-components,-or-derivatives-from-multiple donors,-those-donors-who-have-not-been-previously suspected-of-hepatitis-need-not-be-rejected-as-future donors-of-whole-blood,-Each-situation-should-be evaluated-individually-by-the-blood-bank-physician; the-possible-presence-of-the-agent-of-viral-hepatitis in-donors-cannot-at-present-be-detected-with certainty-by-any-available-means-including-history, physical-examination-and-laboratory-tests-(including a-test-for-the-presence-of-Hepatitis-B-antigen);

B) Malaria

Travelers-who-have-been-in-areas-considered-endemic-for malaria-by-Malaria-Program-Center-for-Disease-Control, U.S.-Department-of-Health-Education-and-Welfare,-may-be accepted-as-regular-blood-donors-six-months-after-return to-the-non-endemic-area,-providing-they-have-been-free-to symptoms-and-have-not-taken-antimalarial-drugs; Prospective-donors-who-have-had-malaria-shall-be-deferred

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for-three-years-after-becoming-asymptomatic-and-after cessation-of-therapy;-Prospective-donors-who-have-taken anti-malarial-prophylaxis-or-who-have-been-military personnel-in-an-endemic-area-shall-be-deferred-for-three years-after-cessation-of-therapy-or-after-departure-from the-area-if-they-have-been-asymptomatic-in-the-interim; immigrants-or-visitors-from-endemic-areas-may-be-accepted as-blood-donors-three-years-after-departure-from-the-area; if-they-have-been-asymptomatic-in-the-interim--Donations to-be-used-for-the-preparation-of-plasma,-plasma components-or-fractions-devoid-of-intact-red-blood-cells are-exempted-from-these-restrictions;

6) Syphilis

A-Positive-serologic-test-for-syphilis-is-cause-for-donor rejection;-Donors-may-be-acceptable-when-they-become seronegative-provided-the-previous-positive-result-was not-due-to-a-condition-which-would-result-in-continued exclusion;

B) Tuberculosis

Prospective-donors-with-clinically-active-tuberculous-are unacceptable;-Donors-with-a-positive-tuberculin-skin test-but-without-other-abnormality,-may-be-accepted-if they-have-not-taken-prophylactic-medication-during-the preceding-48-hours;

E) HIV-Infection

i) Blood-and-blood-components-which-have-been-found reactive-when-tested-for-evidence-of-infection-with the-human-immunodeficiency-virus-(HIV)-or-any-other identified-causative-agent-of-AIDS-shall-be-rejected for-blood-donation-in-accordance-with-Section 450-840(e);

ii) Prospective-donors-who-request-that-their-blood-be tested-for-evidence-of-infection-with-HIV-shall-be referred-to-a-HIV-Counseling-and-Testing-Center designated-by-the-Illinois-Department-of-Public Health;

iii) Immunizations-or-vaccinations

A) Symptom-free-donors-who-have-been-immunized-with-toxoids, or-killed-viral,-bacterial-or-pickettistal-vaccines-are acceptable-after-24-hours;-This-includes-tetanus, typhoid,-paratyphoid,-cholera,-diphtheria,-typhus,-Rocky

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Mountain-spotted fever, influenza, polio (Salk), plague and prophylactic rabies duck embryo vaccines.

B) Smallpox:--Donors are acceptable either after the seab has fallen off or two weeks after an immune reaction.

C) Measles (rubella), mumps, yellow fever, oral polio vaccine and animal serum products:--Donors are acceptable two weeks after their last immunization or last antigenic dose:--German measles (rubella):--Donors are acceptable three months after their last injection.

D) Rabies (therapeutic):--Donors will be deferred until one year after their last injection.

12) Donor skin

The skin at the venipuncture site shall appear free of lesions. History of a tattoo performed any place on the body within six months of donation shall be cause for rejection.

13) Alcohol, narcotics

Obvious stigmata of narcotic or alcoholic habituation or intoxication shall exclude a donor.

14) Allergy

Prospective donors with symptoms of bronchial asthma should be deferred.

15) Oral medication

History of recent drug therapy should be evaluated by a physician since the indication for such treatment may be cause for donor rejection. Exceptions to this requirement include ingestion of vitamins or oral contraceptives.

16) Therapeutic bleedings

Any blood withdrawn from a person for a therapeutic purpose and intended for future homologous transfusion shall be labeled to indicate the donor's disease. Therapeutic bleedings shall be performed only at the written request of a person's physician. The blood bank physician must decide whether he will accept the responsibility of bleeding the person in the blood bank. The use of this blood for transfusion purposes shall be submitted for the consideration of the physician in charge of the blood bank and of the physician attending the prospective recipient.

17) Weight and amount of blood

Donors weighing 110 lbs (50 kg) or more may ordinarily give 450

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plus or minus 45 ml of blood, in addition to pilot samples which shall not exceed 30 ml. Donors weighing less than 110 lbs may be bled proportionately less in a reduced volume of anticoagulant provided the regulations outlined in Section 460.835 are met. Prospective donations of blood exceeding the recommended amounts shall be subject to evaluation by a qualified physician.

18) Medical discretion

Any of the above criteria may be waived or modified by the blood bank physician in charge and the donor's physician for certain medical indications related to the therapy of the donor. This waiver privilege extends to pregnancy and/or the products of the donor's conception.

19) Fasting

Fasting prior to blood donation is unnecessary.

d) Before any blood is collected, all donors shall be informed that

1) Each unit of donated blood will be tested for the presence of antibodies to HIV or any other identified causative agent of AIDS.

A) All donors shall be informed about the following:

1) The meaning of the HIV test results, such as the purpose, potential use, limitations of the test and test results; the use of additional confirmatory testing and the related notification procedures; and the availability of referrals for further information and counseling.

2) The opportunity to refuse HIV testing. If testing is refused, then the person will not be accepted as a donor.

B) Collection of a donor's blood is not permitted without signed written consent of the donor allowing disclosure of the test results to the donor. However, the written informed consent required by P.A. 85-677 and 85-679, effective September 23, 1987 and 7-11, Adm. Code 697.120 is not necessary because blood donors are specifically required by law to be tested.

2) Persons infected with HIV are potentially infectious to persons with whom they have contact through sexual relations or the sharing of blood or blood components. Persons with increased

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risk (high-risk) of being infected with HIV virus must not donate blood, except for the purpose of autologous transfusion. High-risk persons include the following:

- A) persons who have signs and symptoms suggestive of Acquired Immunodeficiency Syndrome (AIDS) (e.g., a combination of two or more of the following: unexpected weight loss of greater than 10% of body weight; chronic fever; chronic lymphadenopathy; night sweats or chronic diarrhea);
 - B) persons who have had sexual contact with the HIV infected persons;
 - C) males who have had sexual contact with a male anytime since 1977;
 - D) persons who have immigrated from countries where heterosexual activity is thought to play a major role in transmission of HIV infection, such as Central Africa and Haiti anytime since 1977 as recognized by the Centers for Disease Control;
 - E) persons who are (were) present (past) intravenous drug users by self-injection;
 - F) hemophiliacs; or
 - G) current or former sexual partners of any of the above.
- 3) Confirmed, available, test results showing evidence of HIV infection (e.g., Western blot assay or Indirect Fluorescent Antibody test) will be disclosed in a confidential manner to the donor's physician or the donor no later than 65 days after the date of donation as described in Section 450.840(c).
- (Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)
- Section 450.835 Directed Blood Donations (Repealed)
- Pursuant to Section 7-106 of the Illinois Blood Bank Act (Ill. Rev. Stat. 1987, ch. 111-1/2, par. 602-106):
- a) Each blood bank licensed under the blood bank Act shall allow a recipient of blood to designate a donor of his choice under the following conditions:
 - 1) The recipient or someone on his behalf, has solicited the donors;

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- 2) The designated donor consents to such donation;
 - 3) The designated donor's blood may be obtained in sufficient time to meet the health care needs of the recipient;
 - 4) The designated donor is qualified to donate blood under the criteria for donor selection promulgated by the Department of Public Health under the blood labeling Act (Sec. Section 450.830 and 77-111-Adm. Code 460.130); and
 - 5) The blood of the donor is acceptable under the requirements of Section 450.840 and for the patient's medical needs.
- b) Blood donated for such designated use shall be reserved for the designated recipient; however, it is has not been used within 7 days from the day of donation, it may be used for any other medically appropriate purpose as determined by the blood bank director.
 - c) This Section shall not limit other procedures blood banks may establish to enable directed donations.
 - d) This Section is automatically repealed as of September 21, 1989.
- (Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.840 Donors and Donor Blood/Identification of Donor Blood
(Repealed)

a) Routine Labeling

The following information shall appear in clear, readable letters on a label firmly attached to the container:

- 1) Name of component
- 2) The amount of blood and the kind and amount of anticoagulant
- 3) The serological test used for syphilis and the results.
- 4) The required storage temperature
- 5) The identification number
- 6) The expiration date
- 7) The ABO and Rh types in conspicuous lettering--Subsections (b) and (c) of this Section shall be followed,

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8) The results of tests for significant unexpected antibodies (see Subsection (d) of this Section).

9) The nonreactive results of an United States Food and Drug Administration (FDA) approved test for Hepatitis B antigen.

10) The name and address of the blood bank.

11) The following instructions and cautions:

A) The requirements for administration only to recipients who have been demonstrated compatible by crossmatch.

B) The need for a filter.

C) No medication shall be added to the blood prior to or during a transfusion.

D) A statement of the possible presence of the agent of viral hepatitis (see Section 450-820 (e)(10)(A)).

E) Federal law prohibits dispensing without a prescription.

F) Mix thoroughly before transfusion.

G) Do not vent plastic containers.

b) Determination of ABO type

ABO type shall be determined by testing the red blood cells with anti-A and anti-B serums which meet United States Food and Drug Administration (FDA) standards (21 CFR 600.680 (1986)), and by testing the serum or plasma for expected antibodies with a pool of known type A (for single subtype A-1) and known type B cells. The blood shall not be released unless the tests are in agreement.

c) Routine determination of Rh type

The Rh type shall be determined with anti-Rh-o (D) typing serum which meets FDA standards (21 CFR 600.680 (1986)). If the blood is typed as Rh-o (D) negative, it shall be tested using a technique designed to detect Rh-o variants (D-u). Routine testing for additional blood types is not recommended. The label shall indicate:

1) Rh positive when the red cells are reactive for Rh-o (D) or Rh-o variants (D-u).

2) Rh negative when the red cells are nonreactive for Rh-o (D) and Rh-o variants (D-u).

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d) Test for detecting antibodies

1) All donor blood shall be tested for both expected and unexpected antibodies. This shall be done with Reagent Red Blood Cells that meet FDA standards (21 CFR 600.680 (1986)), and are intended for this use.

2) Methods of testing for unexpected antibodies shall be those that will demonstrate hemolyzing, agglutinating, and coating antibodies.

3) Blood in which significant unexpected antibodies have been detected should not be used unless transfused as Red Blood cells. (see Section 450.848(b)).

HIV Testing

All donor blood shall be tested for evidence of infection with HIV by using a test approved by the United States Food and Drug Administration (FDA) (e.g., an enzyme-linked immunosorbent assay (ELISA)). A unit of blood which is found to be reactive by two of three ELISA tests (according to the package insert) product circular) shall not be used for transfusion or for production of components for transfusion or injection and shall be disposed of in accordance with Section 450.1200. All units of blood which are found to be reactive shall be retested using a confirmatory test approved by FDA or the Department (e.g., Western blot assay or indirect Fluorescent Antibody tests).

2) In the event that blood is transfused before completion of the tests for evidence of HIV infection and if the tests are subsequently confirmed positive, the recipient's physician must be notified within 24 hours.

3) A donor whose blood has yielded a positive confirmatory result (e.g., Western blot assay or indirect Fluorescent Antibody tests) shall be notified of that test result in accordance with the following requirements in Section 450.840 (e)(4).

4) Notification Requirements

A) The donor shall be advised to contact the blood bank for an appointment to discuss the results of the tests. If initial notification is made by mail, the correspondence must be general in nature (e.g., no references to specific diseases or test procedures shall be made). If the donor does not respond to the initial notification by mail, or if the blood bank chooses not to use such initial

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notification procedures, the donor shall be advised through certified mail with restricted delivery, messenger or personal visit to contact the blood bank for an appointment to discuss the test results.

- B) The medical director of the blood bank or the medical director's designee who is knowledgeable about HIV infection including the possible medical and psychosocial aspects of such infection shall be available for a scheduled appointment with the donor at the earliest possible date requested by the donor and shall present and explain the results of HIV testing only in a person-to-person interview;

- C) If the donor has not contacted the blood bank for an appointment as described in Section 460-840(e)(4)-(A) above or if the donor has failed to follow through with the scheduled appointment, the confirmed test results(s) shall be sent to the donor by certified mail with restricted delivery, messenger or personal visit accompanied by explanatory and referral information which has been provided by the Department or equivalent information;

- D) The above described available test results shall be released to the donor or the donor's physician no later than 65 days after the date of donation;

- E) If the donor expressly so requested in writing and provides the name and address of his or her physician, the results shall be sent to the physician by certified mail;

- F) HIV test results shall be treated as confidential and shall be disclosed as authorized in writing by the donor or as otherwise authorized by the AIDS Confidentiality and Testing Code 77-III-Adm-Code-697-140.

- f) Serological test for syphilis
An FDA approved serological test for syphilis shall be made on a specimen of the blood (21 CFR 600.680)(1986)---The blood shall not be used for transfusion unless the test is negative---Blood may be issued in an emergency situation without performing a serological test for syphilis provided the label and the records so indicate. An emergency situation is one which requires the transfusion of blood in order to preserve life prior to the completion of the required tests---If the test is subsequently positive, the recipient's physician shall be notified.

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- g) Test for Hepatitis B antigen (HB-Ag)
All donor blood that be tested for HB-Ag using reagents and techniques specified by FDA (21 CFR 600.680)(1986)---The unit of whole blood or blood component shall not be used for transfusion unless the test is nonreactive---In an emergency, blood may be transfused before completion of the test of Hepatitis B antigen---An emergency situation is one which requires the transfusion of blood in order to preserve life prior to the completion of the required tests---If the test is subsequently positive, the recipient's physician shall be notified---The medical director shall be responsible for notification of the donor and/or the donor's physician of a positive test for Hepatitis B antigen.

- h) Repeat testing
Determination of the ABO and Rh types shall be repeated whenever the facility performing the compatibility test is not affiliated with the collecting facility---Discrepancies shall be resolved before issue of the blood for transfusion purposes---The other tests required by this section do not have to be repeated.

- i) Previous records
A donor's previous record of ABO and Rh types shall not serve for identification of units of blood subsequently given by the same donor---New determinations shall be made for each collection.

- j) Retention of blood samples-All pilot samples shall be stored at -1 to -6 degrees Centigrade for at least seven days after transfusion or expiration date of the blood---When the blood is discarded the pilot tube need not be saved.

- k) Laboratory records
The actual results observed with each test as well as the final interpretation shall be recorded.

- 1) Control of serologic testing

- 1) Equipment

The temperature of water baths, heating blocks, Rh-view boxes and incubators should be checked daily---Centrifuges used for serologic testing and for separation of blood components shall be calibrated periodically to determine optimum time and force required to produce desired results---(See Subpart E of this Part).

- 2) Reagents

All antisera and test cells of each lot of each shipment shall be evaluated periodically to demonstrate their

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capacity to detect the corresponding antigens and antibodies. (See Subpart K of this Part).

(Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.845 Donors and Donor Blood/Storage and Transportation (Repealed)

a) Temperature

Immediately after collection, the blood shall be placed in storage at an average ambient temperature of 1 to 6 degrees centigrade; the range of blood temperature should not exceed 2 degrees centigrade. However, if platelets are to be harvested, the unit of blood should not be chilled but should be maintained at room temperature (about 20/24 degrees centigrade) until the platelets are separated. The platelets shall be separated within four hours after collection of the unit of whole blood.

b) Refrigeration

1) The refrigerator compartment in which blood is stored shall contain only blood and blood components. It shall be provided with a fan for circulating air or be of such capacity and design as to ensure adequate circulation of air.

2) The refrigerator shall be inspected daily at regular intervals to assure that the proper temperature is maintained. The sensor for the temperature recording system should be in fluid in a container with heat characteristics similar to that of the blood container.

3) Audible or visual signals, or both, should be in operation to warn continuously of temperature fluctuations approaching the permissible limits (1 to 6 degrees centigrade) before the blood in storage has actually attained the undesirable temperature.

c) Inspection

Each container of blood shall be visually inspected at regular intervals during storage and, especially, immediately prior to use. Blood showing abnormal color or appearance shall not be used for transfusion.

d) Container

The blood shall be stored in the original bleeding container or other containers attached to it by a closed system in which transfer of the blood can be accomplished without breaking the hermetic seal.

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e) Expiration Date

The expiration date is the last day on which the blood or blood component is considered useful for transfusion purposes. Whole blood collected in acid citrate dextrose (ACD) or citrate phosphate dextrose (CPD) anticoagulant solution approved by the FDA shall ordinarily have an expiration date not exceeding 21 days after the bleeding of the donor. The expiration date of reprimed whole blood (FDA) shall be 48 hours after the bleeding of the donor. These expiration dates may not apply to whole blood collected and preserved with other anticoagulants.

f) Reissue of Blood

A) Blood which has been returned to the blood bank shall not be reissued unless the following conditions have been observed:

4) The container closure has not been disturbed.

4a) The blood has been continuously refrigerated at 1 to 10 degrees centigrade, preferably 1 to 6 degrees centigrade.

4b) The records indicate that the blood has been reissued.

4c) The pilot tube has remained attached to the container if the blood has left the premises of the issuing facility.

B) If the blood has remained on the premises of this issuing facility, a removed pilot tube may be reidentified by the originally attached label and number which shall correspond with the number on the container.

(Source: Repealed at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.848 Preparation of Blood Components (Repealed)

a) General Principles

1) Blood components are those preparations that are separated from single units of whole blood and are intended for use as final products for transfusion. Plasma derivatives (such as albumin, gamma globulin, and fibrinogen) are not covered by these regulations.

2) The sterility of the component shall be maintained during processing by employment of aseptic techniques and sterile pyrogen-free equipment and reagents. The use of equipment which allows transfer of components without breakage of the seal is

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- preferred. If the seal is not broken, the storage period is limited only by the viability and stability of the components. If the seal is broken, the component must be used within 24 hours unless the methods used have been shown to guarantee sterility.
- 3) Whenever the final container is not the same as that into which the blood was originally collected, care must be employed to ensure correct identification. Whenever possible, the secondary container should be labeled while attached to the primary container.
- 4) In addition to the component name and statement of original contents, labels on all components shall bear the pertinent information required for the whole blood from which the component was derived.
- 5) The component shall be visually inspected immediately before use and not issued for transfusion if abnormalities of color, appearance or defects in the container are observed.
- 6) Careful identification of the recipient and the component is essential. Prior to administration of the component, the transfusionist shall sign the transfusion form indicating that all information identifying the container with the intended recipient has been matched item by item.
- 7) The component shall be administered through a sterile, pyrogen-free transfusion set which has a filter capable of retaining precipitates and goagula capable of harming the recipient.
- 8) No medication shall be added to the component prior to or during a transfusion.
- 9) Components shall be stored at monitored temperatures as indicated below. Refrigerator or freezer compartments in which components are stored shall contain only blood and blood components.
- b) Red Blood Cells
 - 1) These are red cells remaining after removing most of the plasma from sedimented or centrifuged whole blood.
 - A) Processing and Storage
 - 1) Red blood cells may be separated from plasma

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- following either centrifugation or by undisturbed sedimentation at any time before the expiration date of the blood.
 - ii) Storage shall be as stated in 450.845.
 - iii) Sodium chloride solution (suitable for intravenous use) may be added to facilitate both mixing and administration.
- (B) Pilot samples which meet the requirements of pilot samples of whole blood shall be supplied.
- (C) Expiration Date
 - Red blood cells, separated in a closed system, shall be given the same expiration date as the whole blood from which they were derived.
- 2) Frozen Red Blood Cells
 - These are red blood cells which have been stored continuously at optimal ultra-low temperatures in the presence of a cryoprotective agent.
 - A) The methods of preparation and storage shall ensure at least 70 percent viable red blood cells 24 hours after transfusion.
 - B) Red blood cells must be provided for pretransfusion tests in a manner to ensure proper identification.
 - C) The expiration time of the reconstituted cells shall be 24 hours.
 - 3) Leukocyte/Poor Red Blood Cells
 - These are red blood cells remaining after removal of most of the leukocytes and platelets. This component should retain at least 80 percent of the original red cells. Residual leukocytes vary with the method of preparation. Requirements for pilot samples, labels and expiration date are the same as for the red blood cells (Section 450.845-(b)(1)(B) and (C)).
- e) Plasma
 - 1) Single Donor Plasma

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This plasma separated from an individual collection of whole blood:

A) Processing

- i) This component shall be removed from whole blood no later than five days after the expiration date applicable to the whole blood.

- ii) Heparin is not an acceptable anticoagulant.

B) Storage

- i) This component should be frozen and stored at 18 degrees centigrade or lower for no more than five years.

- ii) It may be stored as liquid plasma at temperatures between 1 and 6 degrees centigrade for no more than 26 days from the date of collection if separated in a closed system.

- iii) It may be freeze dried and stored in the dry state at temperatures not over 37 degrees centigrade for no more than seven years.

C) Administration

- i) Single donor plasma may be infused without a compatibility test when the recipient and the donor are of compatible ABO types and the plasma is known to be free of unexpected antibodies.

- ii) An attached or integral pilot tube containing a representative sample of plasma from the donor should be available for testing when the processing and transfusing facility are not the same.

2) Single Donor Fresh Frozen Plasma

This plasma separated from an individual collection of whole blood and then frozen:

A) Processing

- i) ACD, CPD or sodium citrate may be used as an anticoagulant.

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- ii) The plasma shall be separated from whole blood within four hours of collection from the donor and shall be frozen rapidly. Significant loss of factor VIII activity will occur if more than two hours are required for completion of freezing.

- iii) If a liquid freezing bath is used, the plastic container must be protected from chemical alteration.

B) Storage

When maintained constantly at -18 degrees or a lower temperature, it shall be stored no longer than 12 months.

C) Administration

- i) Immediately before use the component will be thawed with agitation at temperatures between 30 degrees centigrade and 37 degrees centigrade and transfused within two hours after thawing.

- ii) See paragraph (c)(2)(C) of this Section.

3) Single Donor Cryoprecipitate

This is the cold insoluble portion of plasma recovered after fresh frozen plasma has been thawed under controlled conditions. Factor VIII activity is concentrated in this component.

A) Processing

- i) Fresh frozen plasma shall be thawed at temperatures between 2 and 6 degrees centigrade.

- ii) Immediately after the completion of the thawing, centrifuge in the cold (2 to 4 degrees centigrade) and separate the plasma from the cold insoluble portion under sterile conditions.

- iii) The container shall be sealed and the contents completely refrozen within four hours.

B) Storage

When maintained constantly at -18 degrees centigrade or below, it shall be stored no longer than 12 months, from the time of donation of the original unit of blood.

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G) Administration

- i) At the time of transfusion it shall be thawed at 30-37 degrees centigrade so that all of the gelatinous precipitate is dissolved.
 - ii) The component may be administered without a compatibility test, preferably the donor and recipient should be ABO COMPATIBLE.
 - iii) Sodium chloride solution (suitable for intravenous use) may be added to increase the volume and to facilitate both mixing and administration.
- 4) Whole blood (cryoprecipitate and/or platelets removed)
- Although separated components are preferred for transfusion therapy, plasma may be processed for cryoprecipitate and/or platelets and the supernatant plasma may be returned to the red blood cell component in a closed system or using a technique that will ensure sterility. Under such conditions, the label must indicate that cryoprecipitate and/or platelets have been removed. The regulations for whole blood shall apply.

5) Single donor plasma (cryoprecipitate removed)

Provided a closed system or other technique that ensures sterility is used, plasma that has been frozen, thawed and separated from its cryoprecipitate may be used for transfusion purposes. The label shall indicate that cryoprecipitate has been removed. The regulations for single donor plasma shall apply.

d) Platelet preparation

i) Platelet-rich plasma

This plasma prepared by centrifugation at a force and for a time known to leave most of the platelets in the supernatant plasma.

A) Methods of preparation and storage

- i) The whole blood or plasma from which platelet concentrate is derived shall be maintained at room temperature (about 20/24 degrees centigrade) until the platelet concentrate is separated. The platelet concentrate shall be separated within 4 hours after

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the collection of the unit of whole blood or plasma.

- ii) The time and speed of centrifugation must be calculated and designed to produce an undisturbed product that yields a count of 5.5 x 10¹⁰ platelets per unit in at least 75 percent of the units tested.
- iii) A pH of 6.0 or greater shall be maintained during storage.
- iv) Platelets stored at room temperature shall be resuspended in at least 30 ml of plasma.
- v) Platelets stored between 1 and 6 degrees centigrade shall be resuspended in at least 20 ml of plasma.
- vi) If stored at room temperature continuous gentle agitation of the platelet concentrate shall be maintained throughout the storage period.
- vii) Ingestion of aspirin/containing medication within 48 hours may preclude use of donor as the sole source of platelet preparations for a recipient.

B) Administration

The donor unit plasma and recipient red cells preferably should be ABO compatible. When administered to newborn infants the donor and recipient should be ABO identical.

C) Expiration date

The expiration date of platelet concentrates prepared and stored as described above, shall be 72 hours after the collection of the source blood.

(Source: Repealed 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.850 Plasmapheresis (or Platelethpheresis) (Repealed)

a) Definition

Plasmapheresis is the withdrawal of blood to obtain plasma or platelet products (platelethpheresis) with subsequent reinfusion of the red blood cells and/or platelet/poor plasma into the donor.

b) Selection of donors

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in general the standards which apply to whole blood (human) shall apply in the selection and care of the donor (see 450.850(d)). Whenever the plasma is not intended for transfusion, or for the preparation of fractions for transfusion, the criteria for donor selection (450.830) may be limited to those designed for the safety of the donor. In such instances, the plasma unit must be prominently labeled "not for transfusion". Plasmapheresis of donors who do not meet the usual requirements shall be done only when the plasma is of unusual value and only when a physician who is aware of the health status of the donor has certified in writing the donor's health permits plasmapheresis.

e) Informed consent

The consent of a prospective donor should be obtained in writing after a licensed physician explains the hazards of the procedure to him in such a manner that he is offered an opportunity to refuse consent. He must be told of the risks of plasmapheresis, including the possibility of a hemolytic transfusion if he is given someone else's cells, and, if he is to be immunized or hyperimmunized, of the hazards involved. For example, in the case of immunization with human blood components, he should be told specifically about the risk of viral hepatitis as well as about the increased risk of receiving incompatible blood if he ever needs a transfusion. A prospective donor who is to be given antigen should also be told the maximal number of injections, the nature of the material to be injected, and the appropriate duration of the immunization program.

d) Care of donors

1) A licensed physician meeting the qualifications set forth in Section 6-101 of the Blood Bank Act shall be physically present and responsible for all the phases of plasmapheresis, in which he is well versed, including the determination of donor suitability, the administration of antigen, collection and processing of the blood and its components, and for ensuring proper autotransfusion. The services of a qualified licensed physician must be immediately available to the donor who manifests an adverse reaction. The assistants under the physician's supervision shall be fully trained in the recognition and prevention of all potential procedural hazards and should be prepared to institute emergency care while awaiting the physician's specific directions.

2) Before each plasmapheresis, the donor's serum protein and hematocrit or hemoglobin concentration shall be measured. In serial plasmapheresis programs, the donor's serum must be tested at least once during the 10 days before donation and

found nonreactive for hepatitis B antigen. The donor's weight shall be recorded at each donation. At least once every four months during a serial plasmapheresis program, a serologic test for syphilis shall be performed and be nonreactive, and a serum protein electrophoresis or quantitative determination of immunoglobulins shall be found to be within normal limits. At least once every two months the physician in charge should review each donor's physical status and the accumulated laboratory data to determine whether the donor should continue in the program. If adverse effects of plasmapheresis are noted, the physician should advise the donor to obtain personal medical care and should make available to the physician giving the care such medical records as he may require.

3)

Plasmapheresis should be deferred if there is unexplained weight loss of significant degree, if the hemoglobin or hematocrit falls below those acceptable for whole blood donors, or if the total protein falls below the normal value for the technique used for the determination.

4)

If a participant in a plasmapheresis program donates a unit of whole blood, or if it becomes technically impossible to return his erythrocytes to him during a plasmapheresis, he should be removed from the program until his hemoglobin concentration exceeds the minimum required for whole blood donors. At least 96 hours should elapse between the time of the last whole blood donation in which red cells were retained and a subsequent plasma or plateletpheresis.

5)

No person other than a licensed physician or one authorized by law shall manipulate a person for the collection of blood specimens or human blood for transfusion except that the technical personnel of a blood bank may draw blood under a licensed physician.

e) Procedure

1)

The system used in performing phlebotomy and processing the blood should not add hazards to the donor and should be designed to ensure safe autotransfusion. Containers and anticoagulants shall meet the standards for whole blood (human) or plasma. Before the blood container has been separated from the donor for processing, it shall bear two separate and independent means of identification that will enable both the donor and the phlebotomist to determine without doubt that the contents are those of the donor. Plasmapheresis shall be done aseptically under conditions that avoid air embolism. During their separation, the red blood cells shall be maintained at a

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temperature not exceeding 37 degrees centigrade and under conditions known to ensure the sterility and viability of these cells upon their return to the donor.

- 2) All available erythrocytes from the phlebotomy should be returned to the donor within 2 hours of the phlebotomy. Erythrocyte loss, including blood for test purposes, should not exceed 25 ml per week during serial plasmapheresis. Because there is always some possibility that the donor's cells may somehow fail to be returned, the quantity of blood removed from a donor at any one time should not exceed 500 ml. The plasma from no more than 2 liters of blood may be retained in any one week, and the plasma from no more than 1 liter of blood may be retained in any 48 hour period.

- 3) The physician responsible for admitting and continuing donors in the program shall also be responsible that the required laboratory tests on the donors are performed by laboratories in accordance with Article VII, Section 7-103 of the Blood Bank Act and Subpart K of this Part.

f) Donor Immunization and Hyperimmunization

- 1) Every immunization or hyperimmunization program undertaken to enhance the usefulness of the recipient's plasma for subsequent donation as whole blood or plasma should be supervised and approved by a peer review group established along the lines proposed for supervision of clinical investigations of new drugs.

- 2) The selection and scheduling of the injection of the antigen, and the evaluation of each donor's clinical response, shall be by a qualified director.

- 3) Antigens used in such programs should, where possible, be federally licensed products.

- 4) If there is no suitable licensed antigen, a full description of the antigen to be used should be provided to the review group, which should be convinced of the safety of the antigen preparation and assured that the donor will not be harmed as a result of the procedure. All antigens should be sterile, or, when viable antigens are used, should be free of all other infectious agents, as determined by appropriate test before use.

- 5) Schedules for administration of antigen, criteria for acceptability of plasma and results with suitable standards by

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the assay to be used should be made available to the review group before the procedure is begun. Any subject who responds inappropriately should be retired from the immunization program.

- 6) All records concerning the antigen, the laboratory characteristics of the plasma donor, and immunization schedule should be retained for at least 5 years after the donor retires from the program.

- 7) The selection and administration of human erythrocytes as antigens should be subject to the following safeguards:

- A) The cell donor's test for hepatitis B antigen should be negative as determined within 10 days before each donation.

- B) Aliquots of large quantities of freeze/preserved erythrocytes from donors whose blood is considered to carry a minimal risk of hepatitis should be used when possible.

- C) The peer review group should satisfy itself that all appropriate steps have been taken to minimize the likelihood that the cells to be used as antigen will transmit hepatitis to the potential plasma donor or will result in the production of additional blood group antibodies.

- D) If immunization of nonimmunized plasma donors is necessary, concurrence of their personal physicians should be mandatory.

- E) Immunized women who are to be subjected to further immunization should be at least 2 years past menopause or have been permanently sterilized.

(Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.860 Autologous Transfusion (Repealed)

a) General Principles

- 1) For purposes of these regulations, autologous transfusion refers to the removal and storage of blood or blood components from a donor for subsequent reinfusion.

- 2) Autologous transfusion must not be undertaken without the

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consent-of-the-patient's-physician.

- 3) Autologous-transfusion-must-not-be-undertaken-without-the-written-informed-consent-of-the-patient, or-if-indicated, his parent-or-guardian.
- 4) Unless-the-patient/donor-and-the-donated-unit-meets-all accepted-medical-criteria-for-donors, the-predeposited-unit must-be-labeled-"For-autologous-use-only"-and-used-solely-for this-purpose.--Autologous-transfusion-should-not-be-undertaken when-the-patient/donor-has, or-is-being-treated-for, bacteremia.
- 5) Units-intended-for-autologous-transfusion-must-be-segregated in-the-blood-bank-refrigerator.

b) Criteria-for-autologous-donation

1) Volume

The-volume-of-blood-collected-must-comply-with-the-provisions in-Section-460.830(c)(17).

2) Frequency

Except-under-special-circumstances, donations-should-be-no-more frequent-than-every-four-days.--If-an-exchange-is-performed using-previously-donated-autologous-units, a-qualified, licensed-physician-must-be-on-the-premises.

3) Hemoglobin

The-hemoglobin-concentration-of-the-patient/donor-should-be-11 gm-per-100-ml-or-greater.--The-hematocrit-value, if substituted, should-be-at-least-34-percent.--Phlebotomy-of-a patient/donor-with-a-hemoglobin-concentration-or-hematocrit below-these-levels-should-be-performed-only-with-the-approval of-the-patient's-physician.

4) Age

There-are-no-age-limits-for-autologous-transfusion.

e) Labeling-requirements

- 1) The-following-information-shall-appear-on-a-separate-label attached-to-the-blood-container:

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A) Patient's-name-and-signature

B) Patient's-hospital-registration-number-for-if-unavailable, social-security-number, birthdate, or-similar-identifying-information.

C) Date-of-donation.

D) Indication-whether-blood-must-be-used-only-for-autologous-transfusion.

2) If-the-blood-is-made-available-for-homologous-transfusion-the-special-label-may-be-removed, but-the-label-on-the-container-must-contain-the-information-specified-in-460.840(a).

d) Pretransfusion-testing-of-units-for-autologous-transfusion

1) ABO-grouping-and-RH-typing-must-be-confirmed-before-the-unit-is-transfused.

2) Testing-for-unexpected-antibodies, hepatitis-B-antigen, and syphilis-is-optional.

3) Compatibility-testing-is-optional.

(Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.870 Transfusion Service Records (Repealed)

a) Maintenance

Maintenance-of-adequate-records-is-essential-for-an-acceptable-blood-transfusion-service.--Each-blood-transfusion-service-should-develop-a-system-of-record-keeping-which-best-serves-its-needs.--The-record-system-should-make-it-possible-to-trace-a-unit-of-any-blood-or-blood-component-from-donor-to-recipient, and-to-check-the-laboratory-records-applying-to-the-specific-product.

b) Retention-of-Records

Information-concerning-the-following-phases-of-the-transfusion service-shall-be-recorded-and-appropriately-retained-for-at-least-five-years.--Legal-requirements-for-retention-of-records-vary-in-different-states.

1) Donor-history, examination, release-and-reactions

2) Adverse-reactions-to-transfusions

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- 3) Refrigeration-temperature
- 4) Quality-assurance-records
- 5) Blood-inspection
- 6) Blood-and-components-received-from-outside-sources
- 7) Disposition-of-unused-blood
- 8) Laboratory-tests--The-actual-results-observed-with-each-test as-well-as-the-final-interpretation-shall-be-recorded.

(Source: Repealed at 13 Ill. Reg. 11573, effective September 1, 1989)

SUBPART I: PROHIBITED PRACTICE

Section 450.920 Terms Not to be Used in Names of Blood-Banks or Laboratories

The term "certified", "approved", "qualified", or like terms shall not be incorporated in the name of any laboratory or blood-bank, nor shall such terms be used in connection with any laboratory or blood-bank.

(Source: Amended at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.930 Prohibitions in Advertising and Announcements

Since permitting and licensing under the provisions of either of the Acts does not imply approval but serves merely as notice to the Department of the location of facilities and the character of program and services, there shall be no reference in any advertisement or announcements expressing or implying approval by the Department.

(Source: Amended at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.940 Acceptance of Specimens and Reporting of Results

No clinical laboratory or blood-bank shall accept specimens or report results except as provided in Article VII of each of the Act licensing-
~~Acts--No-clinical-laboratory-shall-enter-into-a-contractual-agreement-for-the~~
~~provision-of-laboratory-services-for-a-fixed-fee-independent-of-the-number-of-~~
~~specimens-submitted-for-such-services,except-that-a-laboratory-may-enter-~~
~~into-a-fixed-fee-contractual-arrangement-with-a-health-maintenance~~
~~organization,as-defined-in-Section-450.110(g),for-the-provision-of-~~
~~laboratory-services-based-on-a-capitation-rate--For-these-clinical-~~
~~laboratory-tests-which-are-requested-by-a-licensed-physician,licensed-~~
~~dentist,or-licensed-podiatrist,or-performed-in-the-course-of-multiphasic-~~

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~~screening,it-is-understood-that-an-arrangement-exists-regarding-treatment-or-~~
~~referral-when-necessary,-of-the-patient-from-whom-the-tests-are-requested,-by-~~
~~the-licensed-practitioner-who-requested-the-clinical-laboratory-tests,-~~
~~blanket-requests-for-clinical-laboratory-tests-to-be-performed-on-groups-of-~~
~~individuals-in-respective-of-treatment,are-declared-to-be-in-violation-of-the~~
~~Illinois-Clinical-Laboratory-Act.~~

(Source: Amended at 13 Ill. Reg. 11573, effective September 1, 1989)

Section 450.950 Referral of Specimens for Examination to Unlicensed Laboratories

No clinical laboratory or blood-bank shall refer specimens for examinations to unlicensed laboratories, except that referral of laboratory examinations to the laboratory or blood bank of a hospital licensed under the Hospital Licensing Act (111 Rev. Stat. 1983, ch. 111-1/2, pars. 142 et seq.) is not considered a violation of the Licensing Act and this Part.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART J: RECORDS AND REPORTS

Section 450.1010 Necessary Records

~~Records-to-be-maintained.~~

a) Complete records in regard to each specimen examined shall be kept on file in the laboratory or blood-bank for not less than five years. Such records shall contain:

- 1) Laboratory number or other identification of the specimen.
- 2) The name of the person from whom the specimen was taken, except in cases of anonymous HIV testing or of anonymous or coded premarital syphilis testing. The names and addresses of persons who have chosen to have HIV testing done anonymously may not be recorded in the files, except that any existing records referring to testing done before anonymity was chosen may be retained without linkage to the anonymous testing.
- 3) The name of the licensed physician or other authorized person, clinical laboratory, or blood bank submitting the specimen.
- 4) The date the specimen was collected and the date the specimen was received in the laboratory or blood-bank.
- 5) When a specimen is forwarded to another clinical laboratory or blood-bank for tests, the name, the date when the specimen was

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forwarded to such laboratory ~~or blood bank~~, the date it was tested, and the date the report of the findings of the test was received from such laboratory ~~or blood bank~~.

6) In case the specimen is an unsatisfactory specimen, the condition of the specimen when received.

7) The types and numbers of tests performed annually.

8) The results of the test conducted by the laboratory ~~or blood bank~~, the method used, and the signature of the examiner.

9) ~~Reports to referring laboratories and/or practitioners.~~
Results of laboratory tests are to be reported to the referring laboratory and/or practitioner in accordance with Sections 3-101, 7-102, and 7-103 ~~of the Illinois Clinical Laboratory Act and Sections 7-102 and 7-103 of the Illinois Blood Bank Act.~~

b) Reports to be submitted to the Department.

A laboratory shall submit reports containing such information and data concerning its technical operations, as may be requested by the Department. The Department may require that such reports be ~~under each~~ notarized and signed by the owner and director of the laboratory if these are different.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART K: QUALITY CONTROL

Section 450.1110 Responsibilities of Director

The director(s) of a ~~licensed~~ clinical laboratory which has a license or permit I or II under the Clinical Laboratory Act shall:

- a) Establish, implement, monitor, and document a quality control program which at a minimum meets the requirements of this Subpart. This quality control program shall include documentation of corrective actions taken.
- b) Determine the laboratory procedures which will be performed and the instruments and methodologies that will be used.
- c) Establish a program to validate new procedures before laboratory results are reported. The validation procedure for quantitative methods must have provisions to determine accuracy and precision.

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d) In accordance with the weekly schedule established by the Director, assess the activities of the laboratory by personal observation, evaluation, and review of reports of laboratory findings. The director shall establish a policy for review of all abnormal findings.

e) Determine the format of laboratory report forms and decide what information is to be contained on the report forms.

f) In accordance with the weekly schedule established by the Director, consult with supervisors and other staff members and review the adequacy of the quality control program.

g) Confer with those served by the laboratory on matters that relate to test performance and determine the nature and scope of technical and administrative information to be released by the laboratory staff.

h) Ensure that proper personnel qualifications are met.
(See Subpart D)

i) Ensure that all reagents used in the laboratory are not beyond their expiration date.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1120 Reference Materials

a) Reference materials shall ~~shall~~ be used for each test procedure.

b) Statistical methods, using at least 20 measurements, shall be used to calculate the mean value and standard deviation and set action limits for at least one reference material for each quantitative test.

c) The results of the analysis of the reference material(s) for each day of testing shall be recorded and shall be clearly displayed plotted-each-day-of-testing-on-a-graph-which-clearly-displays-the-mean-value-and-action. Action limits shall be clearly displayed and used to detect problems for that reference material. Results and action limits shall be available for inspection.

d) Each test procedure shall have a plan for remedial action to be taken in response to detected problems as soon as discovered.

e) When lot numbers (batches) of reference materials are changed, the old and new lots shall be tested in parallel until suitable action limits are obtained for the new lot.

f) All methods which do not have reference materials shall be controlled by duplicate testing with established tolerance limits.

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(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1130 Preventative and Corrective Maintenance Program

A preventive and corrective maintenance program shall be established which and includes appropriate periodic inspection and testing of laboratory equipment. The requirements are given in Subpart E.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1140 Procedure Manuals

a) Current procedure manual(s) prepared by each laboratory shall be available for use by technical personnel. Manufacturer's manuals and textbooks may be used as supplements to the laboratory manual, but not in lieu thereof.

b) Each procedure manual shall contain a table of contents reflecting the name of the test; methodology used; annual review by the director; date and type of change in methodology, instrumentation, reagents, etc., which are approved by the director with cross reference to the actual change in that procedure. Each procedure shall use the headings below and include, where applicable, all items listed. The following format is recommended.

- 1) Principle of the test.
 - A) Include a brief statement concerning the type of reaction(s) involved.
- 2) Specimen.
 - A) State the conditions for patient preparation.
 - B) Specify the type of sample with respect to volume of sample required, anticoagulants, preservatives, stability, and requirements for storage.
 - C) State the criteria for an unacceptable sample.
 - D) Specify handling conditions with respect to timing, transport or storage conditions, and special equipment.
 - E) State the criteria for proper specimen identification.
- 3) Reagent preparation.
 - A) List specific reagents used in the procedure.

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B) State the directions for preparation and labeling of each reagent to include the initials of the person who prepared the material, contents, concentration, lot number, date of preparation, expiration date, and storage requirement.

C) For coagulation reagents, record the time of reconstitution and initial

4) Calibration Procedure- calibration

A) Give detailed stepwise instructions including dilutions of working standards (calibrators). List standards used, grade of purity required and storage requirements.

B) State specifications for photometric reading (%T, absorbance, etc.).

C) Where calibration graphs are used, the type shall be specified.

D) Specify acceptable tolerances for standards and corrective actions to be taken if results are outside the tolerance limits.

5) Procedure.

A) Write detailed instructions in a stepwise manner. A flow chart may be used as an adjunct.

B) Specify the following for photometric measurements.

- i) Type of instrument.
- ii) Wavelength.
- iii) Cuvette size.
- iv) Solution used as a blank.
- v) Range of linearity.
- vi) How the raw data are read (%T, absorbance, etc.).
- vii) Stability of the final solution.

C) Clearly indicate safety hazards.

6) Calculations

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- A) Give stepwise instructions for calculations.
 - B) Give the equation.
 - C) Give a precise example.
 - D) Describe the common variations in calculations.
- 7) Quality Control.
- A) State the reference materials to be used.
 - B) Give instructions for preparation of reference materials.
 - C) State the minimum frequency with which reference materials are to be run.
 - D) State how action limits for reference materials are to be established.
 - E) State the corrective actions to be taken when action limits are exceeded.
- 8) Reporting results.
- A) State expected ranges where appropriate.
 - B) Give information about methodology which may be necessary for interpretation of results.
 - C) Give guidelines as to acceptable reporting format and units as applicable.
 - D) A system for handling critical values shall be available.
 - E) State the laboratory confirmed upper and lower limits of linearity and/or detection limits for the procedure to insure that reported results are within these limits.
- 9) Procedural notes.
- A) List possible sources of error.
 - B) Describe the plan for an alternate means of specimen handling or analysis in the event the procedure should fail.
- 10) References.

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Document the source(s) of information used in the procedure.

- 11) Utilization of product package inserts. Include a system to assure that package inserts are current with and applicable to the kits or reagents actually in use. Package inserts may not be used as part of the procedure manual unless they comply with all of the provisions enumerated under this Section.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1150 Quality Control System Methodologies

a) Hematology

1) Manual Procedures

- A) Each procedure shall be recalibrated or rechecked or recalibrated each day of use with standards (calibrators) or reference materials covering the range of expected values. See Section 450.520 for checking dilutors and samplers.
- B) Hemoglobin-Hemoglobin methodology shall be calibrated monthly with standards that cover at least three concentrations and a zero point.
- C) Hematocrit-Optimum packing time of microhematocrit centrifuges shall be determined before being placed into use and after major adjustments or repairs. The speed of the microhematocrit centrifuge shall be checked monthly. Tolerance limits shall be established. Timer checks shall be performed monthly. Tolerance limits shall be established.
- D) Red and White cell counts - The hemocytometer counting chamber and coverslip shall be maintained in a condition that does not interfere with cell recognition or the volume of the chamber. Gewest Coverslips certified by the Bureau of Biological Standards shall be used. Counts shall be performed with certified pipettes or pipettors whose accuracy has been determined by the manufacturer.
- E) Platelet counts - Manual platelet counts shall be performed by counting both sides of the chamber in duplicate. Tolerance limits shall be established. A procedure to compare platelet results with the differential blood film shall be established.

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- F) Differential Leukocyte count - Blood smears shall be prepared and stained by a method which produces smears in which morphologic cell features can be properly evaluated. Cellular morphology shall be examined and platelets estimated routinely with the differential count.

2) Automated Procedures

- A) Particle Counting and Hemoglobin
- i) Calibration techniques shall follow the manufacturer's specifications.
- ii) The director shall establish criteria for high and low counts and determine the policy for verification. Tolerance limits shall be established for duplicate testing.
- iii) Background counts shall be performed daily on diluent and lysing agents.
- iv) Reference materials Patient-specimens shall be used each, or after each run to assess precision.
- v) Each procedure shall be checked or recalibrated each 8 hours, if the instrument is used during the 8 hour period, with standards (calibrators) or reference materials covering the range of expected values.

B) Differential counts

- i) The manufacturer's specifications shall be followed with respect to operation, calibration, and the use of reference materials.
- ii) The director shall establish a policy for the review of all abnormal differentials that indicate an abnormal cellular, erythrocyte morphology, or abnormal and platelet enumeration.

3) Coagulation studies

- A) Patient-specimens-and-reference-materials-for-prothrombin times-and-partial-thromboplastin-times-shall-be-performed in-duplicate-and-tolerance-limits-established. Two levels of reference materials for prothrombin and or partial thromboplastin times shall be used during each 8 hours when the instrument is used. Action limits shall be

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established.

- B) The-manufacturer's-thromboplastin-dilution-curve-shall-be verified-with-each-new-lot,-if-the-prothrombin-time-results are-reported-in-percent-activity. If available commercially, two levels of reference materials shall be included in each run for all other coagulation procedures. Patient specimens shall be performed in duplicate and tolerance limits established.

b) Chemistry

See Section 450.1120 for general quality control requirements. See Section 450.520 for checking dilutors and samplers.

- 1) Manual-Automated procedures which use a Spectrophotometer or Photometer

- A) Calibration of the optical component of each instrument shall be done in accordance with the instrument manufacturer's instructions.

- A) The-wavelength-of-the-filters-used-in-photometers-shall-be checked-at-least-annually.

- B) The-wavelength-of-spectrophotometers-shall-be-checked-daily with-appropriate-filters-or-solutions-and-tolerance-limits established.

- C) Instrument-linearity-shall-be-checked-on-monthly-with appropriate-solutions-and-or-filters.

- D) Calibration-and-operation-techniques-shall-follow-the manufacturer's-specifications.

- BE) Each procedure shall be recalibrated at least every three months or more frequently in accordance with the following: each-day-of-use-unless-a-stored-curve-is developed.

- F) Stored-curves-may-be-used-for-calibration-for-a-period-of time-not-to-exceed-three-months,-provided

- i) The-curve-is-point-checked-daily-to-verify-continued validity-and-tolerance-limits-are-established. Procedures which are linear shall include at least 3 standard concentrations (calibrator) (unless the instrument manufacturer specifies that 3 calibrators

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are not necessary to determine procedure linearity and calibration over the reportable range) including one at the highest level of the reportable range and one near the threshold (cutoff).

- i) The procedure is recalibrated when a new batch of reagent is used. Procedures which are non-linear over the reportable range shall include (unless the instrument manufacturer specifies that procedure calibration over the reportable range can be accomplished in another manner) a minimum of 5 standard concentrations (calibrator).
 - ii) The procedure is recalibrated when major instrument maintenance has been performed.
 - iv) Procedures which deviate from Beer's Law shall include a minimum of 5 concentrations. The procedure is recalibrated in accordance with the manufacturer's recommendations and when a reagent lot number is changed.
 - v) Procedures which are linear shall include at least 3 concentrations. The procedure is recalibrated when the quality control program reflects an unusual trend or the controls fall outside acceptable limits.
 - vi) Each run of unknown specimens shall include two levels of reference materials.
- 2) Atomic Absorption Flame Photometers
 - A) At a minimum, one reference material and one calibrator or two reference materials with different concentrations shall be used for each analyte in each run of unknown specimens, except, when prepackaged reagent analyzers are used, one reference material and one calibrator or two reference materials with different concentrations shall be used once in each 24 hour period in which the analyzer is used for that analyte.
 - B) The atomization rate shall be checked each day of use.
 - C) The duration of the counting times shall follow the recommendations of the instrument manufacturer.

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- D) Each procedure shall be recalibrated each day of use.
- 3) Chromatography
 - A) A standard (calibrator) shall be included with each batch of unknown specimens.
 - B) Calibration and operation techniques shall follow the manufacturer's specifications.
 - C) Reference materials (spiked samples) shall be included in each batch of unknown specimens and are treated the same as unknowns.
- 4) Electrophoresis
 - A) The linearity of a densitometer shall be checked each day of use.
 - B) Reference materials for comparison of migration patterns and stain intensity shall be included with each run.
- 5) Ionie Selective Electrode
 - A) The manufacturer's recommendations shall be followed with respect to calibration and control procedures.
 - B) Reference materials shall be included with each run.
- 6) Radioimmunoassay
 - A) The stability of radioisotope counting equipment shall be checked each day of use with an appropriate radioactive reference source. Tolerance limits shall be established.
 - B) Background counts shall be performed each day of use and tolerance limits established.
 - C) Each procedure shall include calibrators (standards) as recommended by the reagent manufacturer.
 - D) Reference materials shall be included with each run.
 - E) The duration of the counting times shall follow the recommendations of the instrument manufacturer.
- 7) Mass Spectrometry

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- A) Mass spectrometers shall be tuned daily.
- B) Procedures for checking air leaks and determining ion ratios shall be available and followed.
- C) Ion ratios shall be determined for each instrument and each assay if appropriate for that instrument.
- D) If ion ranges are used, criteria shall be available for designating a positive.

locations must either perform the same quality control checks required of commercial manufacturers (NCCLS Standards) and furnish documentation of media quality control checks to each location, or each laboratory must continue to perform media checks as currently required under 42 CFR 405.1317 (b)(1)(1988). This exception does not apply to Campylobacter agar, chocolate agar, media for the selective isolation of pathogenic Neisseria, Mueller Hinton media and media used for the isolation of parasites, virus, mycoplasmas and Chlamydia.

c) Urinalysis

- 1) Specific gravity equipment shall be calibrated with distilled water and one other solution of known refractive index each day of use.
- 2) Screening or qualitative chemical urinalysis shall be checked daily by use of suitable reference materials.
- 3) Calibration and the use of reference materials for equipment which utilizes automatic readers shall follow the recommendations of the manufacturer.

- 3) Appropriate ATCC strains shall be available and maintained.
- 4) All reagents, strips, discs, and antisera shall be properly labeled as to lot number and expiration date and checked each day of testing with organisms that produce positive and negative reactions.

d) Bacteriology-mycology

- 1) Each unit of media shall be properly labeled to indicate identity, date of preparation-receipt and expiration date.
- 2) Each batch of media shall be tested before use or concurrently with selected organisms for selectivity, sterility, enrichment, and biochemical response. A laboratory using commercially prepared microbiological culture media which is quality controlled in accordance with the National Committee for Clinical Laboratory Standards (NCCLS) "Protection of Laboratory Workers from Infectious Disease Transmitted by Blood, Body Fluid and Tissue", need not perform quality control checks for selectivity, enrichment and biochemical response provided that: the laboratory has documentation which may be provided through a media label or brochure that the quality control practices conform to NCCLS specifications; the laboratory documents receipt and condition of each batch of media to include sterility assessment by appropriate incubation and examination of uninoculated media and notifies the media manufacturer of quality issues such as: cracked Petri plates, unequal filling of plates, cracked media in plates, hemolysis, freezing, excessive bubbles in media, contamination and sterility. Laboratories that prepare media for satellite laboratory

- 5) An adequate incubation system shall be used and must be appropriate for the kinds of organisms isolated and volume of work. CO2 incubators shall be checked daily to insure that CO2 concentration is maintained within established tolerance limits.
- 6) Flow charts may be used to indicate all steps to be employed to isolate and identify all organisms.
- 7) The daily log or worksheet shall reflect all tests and test results which lead to the isolation and identification of all microorganisms.
- 8) Staining materials shall be checked each day of use against organisms with the expected staining characteristics.
- 9) A wire loop used for quantitative tests shall be calibrated prior to placing into use and quarterly thereafter.
- 10) Agar Disc Diffusion methods:
 - A) The agar disc diffusion test shall be checked with each new batch of media and each day testing is performed, at least once each seven days with stock cultures of Escherichia coli ATCC 25922, Staphylococcus aureus ATCC 25923, and Pseudomonas aeruginosa ATCC 27853. Zone sizes shall be recorded for each antimicrobial agent. Limits shall be established.

- B) Each new batch of media shall be checked with Escherichia coli ATCC-25922, Staphylococcus aureus ATCC-25923 and Pseudomonas aeruginosa ATCC-27853.

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6) Each day the test is performed the appropriate organism must be included to check the testing procedure. If the isolates are Gram-positive organisms the *Staphylococcus aureus*-ATCC-25923 must be included; if the isolates are enteric organisms the *Escherichia coli*-ATCC-25922 must be included; and if the isolates are *Pseudomonas* species, the *Pseudomonas aeruginosa*-ATCC-27853 must be included.

B) Petri dishes used shall have a diameter not less than 150mm and contain no more than 12 discs.

EC) Susceptibility tests should shall be performed on pure cultures only.

FD) A barium sulfate turbidity standard shall be used for the Kirby-Bauer method.

11) Minimum Inhibitory Concentration (MIC) Methods:

A) The MIC test must be checked with each new batch of media and each day testing is performed at least once each seven days with stock cultures of *Escherichia coli* ATCC 25922, *Staphylococcus aureus* ATCC 29213, and *Pseudomonas aeruginosa* ATCC 27853. The MIC values must be recorded for each antimicrobial agent. Tolerance limits must shall be established.

B) Each new batch of medium shall be checked with *Escherichia coli*-ATCC-25922, *Staphylococcus aureus*-ATCC-29213, and *Pseudomonas aeruginosa*-ATCC-27853. *Streptococcus faecalis*-ATCC-29212 should also be used to check the system where trimethoprim/sulfamethoxazole is included in the battery of antibiotics.

C) Each day the test is performed appropriate organism(s) must be included to check the testing procedure.

DD) If the isolates are Gram-positive organisms the *Staphylococcus aureus* must be included; if the isolates are enteric organisms the *Escherichia coli* must be included; if the isolates are *Pseudomonas* species, the *Pseudomonas aeruginosa* must be included. When trimethoprim-sulfamethoxazole is included in the battery of antibiotics, *Streptococcus faecalis* ATCC 29212 shall also be included as a control.

12) Automated susceptibility testing systems shall follow the quality control requirements specified by the manufacturer or at

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a minimum those specified under item 11 above.

e) Parasitology

1) A calibrated ocular micrometer shall be available for determining the size of ova and parasites when size is a critical factor.

2) The laboratory shall have an atlas and/or reference collection of prepared slides, transparencies or gross specimens. The collection must shall include organisms which the laboratory encounters and reports from patient specimens.

3) Permanent stain should shall be used for the examination of intestinal protozoa and other parasites where internal structure is critical for proper identification.

4) Concentration methods shall be routinely employed on all stool specimens negative for ova and parasites by direct examination methods. Concentration techniques should shall be capable of detecting all cases of clinically significant parasites likely to be encountered in the community.

f) Immunology-Serology-Immunochemistry

Kits purchased for serological testing must shall be used in accordance with the manufacturer's instructions.

1) VDRL/RPR

A) Non/reactive, minimally reactive, and reactive reference materials shall be included with each run.

B) The needle delivery shall be verified within plus or minus two drops per ml each day-of-use time a new needle is used, when control patterns can not be reproduced, and when the antigen does not drop clearly from the needle.

C) The revolutions per minute of the rotator shall be checked each day week of use and be within the recommended tolerance limits.

D) Each new lot of antigen and reference materials shall be checked with non/reactive, weakly reactive and reactive reference materials before being placed into use.

E) Ambient temperature in the test area shall be maintained between 23 degrees Centigrade and 29 degrees Centigrade.

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F) The antigen for VDRL testing shall be prepared fresh each day of use.

2) Qualitative tests

Positive and negative controls shall be included in each run. Each new lot of reagents and reference materials shall be parallel checked with one of known reactivity before being placed into use.

3) Quantitative tests

Each quantitative test shall include with each run a negative control, where applicable, a positive control of known titer or controls of graded reactivity and a negative control. Each new lot of reagents and reference materials shall be parallel checked with one of known reactivity before being placed into use.

g) Immunohematology

1) ABO grouping reagents and Rh typing sera must shall conform to the requirements of licensure under 21 CFR 600.680 Chapter I, Subchapter F, title 21, Code of Federal Regulations. Any facility which produces their own products shall adhere to these same requirements.

2) All antisera, ABO reagent red cells, anti/human globulin (Coombs) shall be tested each day of use with a positive control.

3) Antibody screening reagent red cells shall be tested each day of use with at least one known antibody.

4) All antisera except ABO antisera shall be tested each day of use with a negative control.

5) The reagent manufacturer's protocol for testing must shall be followed.

6) An autologous cell control is required when samples are being tested for Rh type. An autologous cell control is not required to accompany the Rh type when testing donor samples.

h) Cytology

1) The quality of stains shall be evaluated daily by the director and suboptimal stains corrected immediately.

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2) All solutions shall be filtered and or replaced at least once each day of use.

3) The director shall assume direct responsibility for rescreening 10% random sample of gynecological smears which have been interpreted to be negative. All smears interpreted to be suspicious or positive and all non-gynecological specimens shall be reported by the Director.

4) There shall be a program to correlate positive cytologies with reports of tissue biopsies.

5) Diagnostic nomenclature shall be clearly defined in the procedure manual and made available to the physician.

6) All automated equipment used in cytology preparation shall be used in accordance with the manufacturer's recommendations.

7) All cytologic slides must be clearly identified, labeled with permanent labels, and stored so they are readily accessible. All abnormal slides must be stored permanently. Normal slides shall be retained for two years before discarding.

hi) Histopathology

1) All special stains shall be controlled by use of positive tissues.

2) All tissue specimens shall be kept in a preservative until microscopic examination and diagnosis have been completed by the pathologist.

3) All stains shall be filtered prior to each day of use.

4) All tissue processing solutions shall be changed or rotated on a regularly scheduled basis.

5) The quality of stains shall be evaluated daily by the director and suboptimal stains corrected immediately.

6) All gross tissue specimens received must be properly labeled and securely packaged so as to maintain absolute certainty of identification throughout processing, recording and storage.

7) Slides must be identified with permanent labels and stored so they are readily accessible. Paraffin blocks must be adequately identified, indexed, stored in a cool place and protected against damage by heat for at least 2 years. Wet tissue

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specimens shall be retained until a diagnosis has been made. The slide and a copy of the report must be filed for at least 10 years.

- 8) The laboratory shall request that the tissue request shall contain the name, birthdate, name of the surgeon, clinical information and the date of surgery.

i) Cytogenetics

1) Special Equipment

- A) Incubators must be on special emergency lines.

- B) Laminar Flow Hoods must be used (Class II).

- C) Karyotyping facilities must be available with the production of hard copies.

2) Culture Initiation of Specimens

- A) At least two (2) containers for each patient

- B) Maximum of 1% patient failure (i.e. failure to provide a report as defined in Section 450.1150(j)(3)), for blood, amniotic fluid and chorionic villus samples in a period not to exceed 30 calendar days. If in excess of 1%, the laboratory director must contact the Department and stop performing the tests until the laboratory can demonstrate a patient failure rate less than one percent.

- C) For other tissues higher patient failure rates are acceptable.

- i) Skin and products of conceptions: maximum of 20% failure in a period not to exceed 30 calendar days. If in excess of 20%, the laboratory director must contact the Department and stop performing the tests until corrective action is demonstrated.

- ii) Bone Marrow: maximum of 5-10% failure in a period not to exceed 30 calendar days. If in excess of 5-10%, the laboratory director must contact the Department and stop performing the tests until corrective action is demonstrated.

3) Analysis and Interpretation

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A) Counting Chromosomes

- i) At least 11-20 metaphases from the two containers must be counted for routine blood, amniotic fluid, skin, products of conception, and chorionic villus specimens.

- ii) For the Fragile-X chromosome, a minimum of 100 metaphases is required before reporting a negative result. Control values for Fragile-X shall be maintained.

- iii) If a clinically significant hypermodal metaphase or a structurally abnormal chromosome is detected, 20 additional cells (or 10 additional centers) in each of the two cultures must be analyzed.

- iv) If 2 clinically significant hypomodal metaphases are detected, repeat steps in subsection (3)(A)(iii).

B) Karyotypes

- i) A 400 band resolution is minimum.

- ii) At least two (2) banded karyotypes (hard copies) must be prepared for routine bloods, amniotic fluids, chorionic villus specimens, skin, and products of conception.

- iii) For bone marrows, at least 25 metaphases must be photographed and analyzed. A minimum of 20 cells shall be analyzed for the presence of the Philadelphia chromosome and other markers for chronic myelogenous leukemia.

C) Reporting and Interpretation

- i) All reports must adhere to the current International System of Cytogenetic Nomenclature.

- ii) All abnormal findings should be accompanied by a recommendation to consult a Geneticist.

D) Documentation

In addition to other documentation required for any laboratory, documentation of power failure, failure rate, contamination, labeling discrepancy, poor or no growth, poor slide quality, interpretive dilemmas, and diagnostic

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errors shall be maintained.

4) Archives

Retention of adequate slides, films, hard copies and reports in order to re-analyze any cases challenged, shall be in accordance with the State statute of limitations.

j) Toxicology - Controlled Substances (Drugs of Abuse)

Laboratories which perform tests for controlled substances shall meet all pertinent requirements of the Act and regulations. In addition, the following items shall apply to toxicology laboratories.

- 1) The laboratory shall demonstrate proficiency as required under Section 450.720, except, the laboratory must discontinue providing confirmatory testing if for two consecutive testing periods the laboratory either fails to report results for confirmatory testing or for two consecutive testing periods the laboratory fails to confirm the presence of any substance in any proficiency testing specimen or on one occasion falsely confirms and reports the presence of a substance(s) not in the test specimen. Reinstatement to offer confirmatory testing shall require errorless performance in two subsequent proficiency testing surveys.
- 2) The director shall provide in house confirmatory testing of specimens whenever initial screening shows the presence of controlled substances. The confirmatory testing shall use different principles of chemistry and be at least as sensitive as the testing used for screening purposes. Drug screening may be performed on-site with confirmatory testing at a Class II Permit as authorized under Section 2-109 of the Act, Licensed Laboratory or Licensed Toxicology Laboratory.
- 3) The director shall develop a written program to maintain control and accountability from receipt of specimens until results are reported. In addition to other requirements of Section 450.140, requirements for segregation of these samples from other specimens received in the laboratory and the process for checking specimens for adulteration upon receipt in the Laboratory, shall be stated.
- 4) Reports from the laboratory shall include limits of detection (LOD) for methods utilized and identify the method used to confirm positive screening results. Only specimens confirmed positive shall be reported positive for a specific drug.

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- 5) Each analytical run of specimens shall have at least three reference specimens including: a specimen containing no drug; a specimen with a known amount of standard at or near the threshold (cutoff), and one additional reference specimen. Documentation that currently used methodology does not allow carryover to contaminate the testing of a subject's specimen, shall be maintained. A minimum of 10 percent of all test samples analyzed per batch shall be a mixture of reference specimens indicated above.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1155 Cytology

Cytology services at all clinical laboratories shall comply with the following requirements:

a) Personnel

- 1) Director of the clinical laboratory shall meet the requirements set forth in Section 450.210 of this Part.
- 2) Supervisor of clinical laboratory personnel shall meet the requirements set forth in Section 450.410 of this Part.
- 3) Cytotechnologist shall meet the requirements set forth in Section 450.430 of this Part.

b) Specimens

- 1) The laboratory order form shall include last menstrual period, age of patient, previous pap smear history and previous history of carcinoma, including if the patient is at high risk for developing cervical cancer or its precursors in the judgment of the physician.
- 2) If the laboratory order form does not include the information required in subsection (b), the laboratory must request this information prior to the issuance of the report. If the information is not received within 5 working days the report may be issued and the laboratory record noted that the history was not received. In no event should a positive specimen report be delayed. The laboratory shall have in place a program for improvement of client compliance with this requirement.

c) Preparation

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- 1) The quality of stains shall be evaluated daily by the director and suboptimal stains corrected immediately.
 - 2) All solutions shall be filtered and/or replaced at least once each day of use.
 - 3) Gynecologic and non-gynecologic specimens shall be stained separately.
 - 4) All staining and subsequent preparation of cytopathologic specimens shall be done at the laboratory adjacent site locations under the same ownership and management and quality assurance procedures where the slides are examined.
 - 5) All automated equipment used in the preparation of specimens shall be used in accordance with the manufacturer's recommendations.
 - 6) Each cytologic slide shall be clearly labeled with the name of the patient prior to receipt in the laboratory. In the laboratory, it shall be labeled with a permanent label which may utilize a unique identification system notation. The label shall withstand long term storage.
- d) Examination
- 1) An individual who examines cytologic slides for neoplasms on a full-time or part-time basis, shall not screen more than 100 slides or the number of slides set by the United States Government for a calendar day and no more than 400 slides in one five day work week for a daily average of 80 slides per calendar day.
 - 2) All gynecologic smears interpreted to be suspicious or positive and all non-gynecologic specimens shall be reported by the director. The report shall be signed by a pathologist.
 - 3) All gynecologic smears which are interpreted to be negative and are from patients who are identified as high risk for developing cervical cancer based upon the information provided by the physician who submitted the specimen, shall be rescreened by a second cytotechnologist or a pathologist before reporting patient results.
 - 4) For each abnormal cytology result, the laboratory director shall make available for review all prior cytology specimens, if on file in the laboratory.

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- e) Reports
- 1) Diagnostic nomenclature shall be clearly defined in the procedure manual and made available to the physician who requested the cytology examination.
 - 2) The laboratory report shall: distinguish between a non-diagnostic smear and a negative result; contain narrative descriptions for any abnormal or malignant/pre-malignant results; include the presence of endometrial cells if endometrial cells are present out of cycle; indicate evidence of any infection; and contain provisions for any recommendations.
 - 3) Each screener shall maintain a work log which documents and identifies the number of gynecologic and non-gynecologic slides screened. When a screener works at one or multiple laboratories, that individual shall leave a signed copy of the work log at each laboratory each week that screener works at the laboratory.
- f) Storage
- Slides showing malignancy or pre-malignancy conditions and, all abnormal slides and reports shall be stored for ten years from the date of examination. All other slides and reports shall be retained for five years before discarding.
- g) Quality Control
- 1) Rescreening
 - A) For each cytotechnologist supervisor, the director shall, on a regular basis, rescreen at least ten percent of the gynecologic smears interpreted by each supervisor to be negative. This ten percent of slides rescreened may include up to 50% of this total which may represent slides double screened because of high-risk status pursuant to subsection (d)(3) of this Section. In no laboratory shall more than 50% of the rescreened (subsection (d)(3)) slides be utilized to fulfill the ten percent rescreen requirement. The director shall assure that for each cytotechnologist, at least ten percent of the gynecologic smears interpreted to be negative are rescreened by the director or cytotechnologist supervisor on a regular basis. Records of rescreened slides shall be maintained in a manner which allows periodic performance review of each cytotechnologist supervisor and cytotechnologist.

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- B) The director shall establish a program to compare cytology reports with tissue biopsies and determine the causes of any discrepancies.

2) Evaluation

- A) The director shall evaluate each cytotechnologist's slide examination performance to include smears interpreted to be suspicious or positive and rescreened negative cases.
- B) At least annually, the laboratory director shall evaluate each cytotechnologist's individual case reviews against the laboratory's overall statistical rates, document any discrepancies, include reasons for deviations, and document any corrective action taken.

3) Statistical Evaluations

Annually, the laboratory shall establish a statistical evaluation of the number of cytology cases examined, number of specimens processed by specimen type, number of patients reported by diagnosis, false-negative (as determined by the rescreening program or biopsy proven) and false-positive rates (biopsy proven), number of unsatisfactory specimens submitted by each physician or laboratory and the number of complaints received from individuals ordering or receiving test reports. All laboratories shall utilize this information to provide assistance and training to physicians on proper preparation and submission of cytology slides upon request of a physician.

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART L: HIV CONTAMINATED BLOOD HUMAN TISSUE

Section 450.1200 Handling and Disposal of HIV Contaminated Blood and Human Tissue

- a) ANY BLOOD or blood components, organs, semen or other human tissue SHOWING EXPOSURE TO HIV as evidenced by two of three reactive ELISA test results (according to the package insert - product circular) OR ANY OTHER IDENTIFIED CAUSATIVE AGENT OF AIDS or originating from a patient diagnosed with AIDS or AIDS-Related Complex (ARC) as defined in 77 Ill. Adm. Code 693.20, SHALL BE DISPOSED OF in accordance with the provisions of this Section, UNLESS A RESEARCH FACILITY LICENSED BY THE STATE REQUESTS, IN WRITING, THE USE OF SUCH BLOOD FOR AIDS RESEARCH. (Section 3.1 of the Blood Labeling Act.) Any such blood or human tissue shall be disposed of in accordance with Section 450.1200 (b) when no longer being used for

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research purposes.

- 1) A research facility, for the purposes of this Section, shall mean any clinical laboratory licensed under the Clinical Laboratory Act, (111-Rev.-Stat.-1987, ch.-111-1/2-par.-621-et-seq.), any blood bank licensed under the Illinois Blood Bank Act (111-Rev.-Stat.-1987, ch.-111-1/2-par.-601-101-et-seq.) or any hospital licensed under the Hospital Licensing Act, (111-Rev.-Stat.-1987, ch.-111-1/2-par.-142-et-seq.).
- 2) ANY PERSON DELIVERING SUCH BLOOD or blood components, organs, semen or other human tissue TO RESEARCH FACILITIES PURSUANT TO SUCH A REQUEST SHALL FILE WITH THE DEPARTMENT A REPORT WHICH SHALL INCLUDE AT LEAST THE FOLLOWING INFORMATION:
- A) A COPY OF THE REQUEST FOR BLOOD or human tissue;
 - B) THE QUALITY OF BLOOD or human tissue DELIVERED;
 - C) THE NAME AND LOCATION OF THE RESEARCH FACILITY TO WHICH THE BLOOD or human tissue WAS DELIVERED; AND
 - D) THE DATE AND TIME OF DELIVERY. (Section 620-3.1 of the Act.)
- b) Any such blood and blood components or human tissue, or any materials or paraphernalia exposed to or contaminated by such blood and blood components or human tissue shall be disposed of in accordance with the provision of Section 450.330.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

SUBPART M: HEALTH SCREENING

Section 450.1300 Health Screening and Approved Health Screening Tests

- a) "HEALTH SCREENING" MEANS THE PERFORMANCE OF ANY OF THE FOLLOWING TESTS FOR THE PURPOSE OF ASSESSING A PHASE OF THE GENERAL STATE OF HEALTH OF HUMAN SUBJECTS (Section 2-102.1 of the Act):

- 1) Blood total cholesterol testing by finger stick method, and
 - 2) Blood glucose testing by finger stick method.
- b) Health screening activities may only be conducted by the following entities:

- 1) LABORATORIES WHICH ONLY PERFORM HEALTH SCREENINGS ON A

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NOT-FOR-PROFIT OR FREE-OF-CHARGE BASIS. NOT-FOR-PROFIT OR FREE-OF-CHARGE BASIS means screenings performed for a fee calculated to recover the actual cost of the test material and equipment and direct labor costs, excluding any cost associated with test interpretation or other administrative costs or with no direct cost to the recipient;

- 2) LICENSED OR PERMITTED LABORATORIES; and
- 3) Licensed Hospital laboratories which are exempt from regulation under the Act and not precluded from such activities under the Hospital Licensing Act (111-Rev-Stat--1987-eh--111-1/2, par-142-et-seq-). (Section 2-102.1(a)(3) and (b) of the Act)
- c) ANY ENTITIES WHICH CONDUCT MORE THAN ONE HEALTH SCREENING EVENT PER CALENDAR YEAR SHALL FILE ESTABLISHED PROTOCOLS WITH THE DEPARTMENT IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBPART. A health screening event, as used in this Section, shall mean any day or continuous series of days not exceeding five on which health screening activities are conducted in the same location other than the principal location of the laboratory such as a health fair. Tests listed as health screening tests may be conducted at the principal location of the laboratory without the protocol required by this Subpart. (Section 2-102.1(a)(2) of the Act). Class III permit laboratories must submit a protocol regardless of where the health screening is conducted.

- d) AGENCY NOTE: Health screening tests should not be used as diagnostic tests.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1310 Protocol for Conducting Health Screening

- a) Any entity which performs health screening shall establish a protocol for health screening activities which is APPROVED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES. (Section 2-102.1(a)(1) of the Act)
- b) The protocol for conducting the health screening shall:
 - 1) indicate the test(s) to be conducted;
 - 2) indicate the way in which results shall be reported to the test subject including any available oral counseling and health professional referral program;
 - 3) indicate how confidentiality will be maintained with provisions

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which allow the testing personnel, test subject and test subject's representative access to the test results;

- 4) include a written quality control program to assure accurate and precise test values as set by the physician signing the protocol and a description of the steps to be taken if the control values fall outside acceptable limits as set by the physician in the written quality control program;
- 5) include the step by step instructions for the following:
 - A) specimen collection, handling, transport, storage and disposal;
 - B) patient preparation;
 - C) type and volume of specimen needed and the established rejection criteria;
 - D) proper specimen identification;
 - E) proper reagent use, such as labeling, proper lot number usage, expiration dates, and storage requirements, and
 - F) instrument operation and calibration in accordance with the manufacturer's instructions.
- 6) include a detailed procedure for all quantitative methodologies, to be performed at least once each twenty-four twelve hours, to determine method linearity over the reportable range of values for each analyte and instrument;
- 7) include directions for the use of one reference material and one calibrator or two reference materials with different concentrations once each 24 hour period in which the analyzer is used;
- 8) include a description of the training required of all staff conducting specific health screening tests;
- 9) include a copy of educational materials for each individual screening test given to each test subject;
- 10) be available to all health screening personnel at the test site;
- 11) be sent to the Department at least 30 days prior to the initial testing date if more than one health screening event is

DEPARTMENT OF PUBLIC HEALTH

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conducted by that entity in a calendar year. Such protocols will be effective for one year. An existing protocol may be renewed by submitting a letter from the physician who signed the protocol specifying that no changes have been made in the protocol and that the protocol will be used for health screenings over the next year. This letter must be submitted within 30 days prior to the expiration of the existing protocol;

- 12) be signed, dated, and approved by a physician licensed to practice medicine in all its branches no earlier than three months prior to submission date;
- 13) include, for not-for-profit or free-of-charge operations, a statement from the physician who signs the protocol that the education and experience of the staff members are adequate to assure proper specimen collection, specimen handling, instrument operation, quality assurance, record-keeping, reporting of results, and proper sanitary conditions to protect the test subjects and the environment;
- 14) include a copy of the document to be given to each test subject which discloses the purpose and limitations of each individual screening test to be conducted;
- 15) state whether the testing to be conducted will be done on a NOT-FOR-PROFIT OR FREE-OF-CHARGE BASIS or for-profit basis. If the testing is conducted on a NOT-FOR-PROFIT BASIS, then the calculations used to determine the actual cost of the test material and equipment must be included.
- 16) include copies of any forms used in the course of conducting health screening activities;
- 17) indicate how documentation and quality control items are traceable to each individual analyte and instruments used in the health screening process and how records shall be maintained;
- 18) indicate how records of test subject results and documentation of quality control items shall be maintained for two years, and
- 19) document the basis for any fee charged to the recipient indicating whether testing is being done on a for-profit or not-for-profit basis.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

Section 450.1320 Application for a Class III Permit to Conduct Health Screening

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THE OWNER OF A CLINICAL LABORATORY WHICH IS OPERATED AND MAINTAINED EXCLUSIVELY FOR THE PURPOSE OF CONDUCTING HEALTH SCREENING TESTS BY A PERSON, CORPORATION, ORGANIZATION, ASSOCIATION OR GROUP WHICH PROVIDES HEALTH SCREENING SERVICES IN ACCORDANCE WITH SECTION 2-102.1 of the Act EITHER DIRECTLY OR INDIRECTLY ON A FOR-PROFIT BASIS MUST OBTAIN A PERMIT FROM THE DEPARTMENT. APPLICATION SHALL BE MADE ON A FORM PRESCRIBED BY THE DEPARTMENT. THE APPLICATION SHALL BE ACCOMPANIED BY AN APPLICATION FEE OF \$200 FOR EACH SUCH PERMIT. THE APPLICATION SHALL BE UNDER OATH (i.e. signed by the owner or authorized officer and notarized), THE PERMIT SHALL EXPIRE each year on a date specified on the permit JULY-1, 1989, AND THE APPLICATION SHALL CONTAIN THE FOLLOWING INFORMATION:

- a) THE NAME AND LOCATION OF THE OWNER'S PRINCIPAL PLACE OF BUSINESS;
- b) THE NAME OF THE OWNER OF SUCH FACILITY AND OF THE DIRECTOR THEREOF;
- c) When the owner is a corporation the names and addresses of all persons owning five percent or more of shares of the corporation;
- d) a completed personnel form for the director(s), the anticipated schedule of hours for the director(s) to be at the laboratory during hours of testing, and other laboratories directed by the director(s);
- e) A DESCRIPTION OF THE PROGRAM AND SERVICES PROVIDED BY SUCH CLINICAL LABORATORY;
- f) the name of the laboratory assistant(s) or technician(s) employed and a completed personnel form for each laboratory assistant or technician;
- g) the name of the person(s) who is in charge of the total laboratory operation at the test site and a personnel form(s) for that person;
- h) a statement signed by the director indicating that the person in charge of the total laboratory operation at the test site has the education and training necessary to assure proper specimen collection, specimen handling, instrument operation, recordkeeping, reporting of results to assure confidentiality of test subjects and results, and proper sanitary conditions to protect the test subjects and environment;
- i) an explanation of the location where all equipment and supplies are kept when not at the test site and the location where all records are kept relating to the laboratory operations at the test sites; and
- j) a copy of the physician approved protocol.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

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Section 450.1330 Reporting and Notification

- a) All health screening entities shall file a protocol with the Department in accordance with Section 450.1310 of this Part of this Part.
- b) All health screening entities shall notify the Department of all health screening sites including street address, city, zip code and any other identifying data that are available at least seven days prior to any health screening event.
- c) All health screening entities shall notify the Department of all personnel anticipated to conduct any health screening event including name, professions, training background, street address, city, zip code at least seven days prior to any health screening event.

(Source: Amended at 13 Ill. Reg. 11573, effective July 1, 1989)

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
CLINICAL LABORATORY AND BLOOD BANK SECTION
2121 WEST TAYLOR STREET
CHICAGO, IL 60612

APPLICATION FOR REGISTRATION
CLASS I PERMIT, CLASS II PERMIT
OR LICENSE OF CLINICAL LABORATORIES

1. APPLICATION DATE:

MONTH DAY YEAR

2. FACILITY IDENTIFICATION:

A.

Name of Laboratory

B.

Address (Number and Street)

C.

Address (City, State, Zip Code)

D.

Telephone Number: / Area County:

F.

If this is a Class I Permit application and is operated at multiple locations: list all locations not already indicated under 2B above.

NUMBER AND STREET

CITY

ZIP CODE

3. TYPE OF APPLICATION: (Mark one box)

Copies of references to the Illinois Clinical Laboratory Act (Ill Rev. Stat. ch.111 1/2, par. 621-628) and Illinois Clinical Laboratory Code (77 Ill. Adm. Code 450) accompany this application.

/ / Registration Class - The following references are suggested to help determine eligibility for this category.

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

Sections 1-103(c) and 2-108 of the Act
Sections 450.10, 450.30(a)(1) and 450.35(a) of the Code

☐ Class I Permit - The following references are suggested to help determine eligibility for this category.

Sections 2-108, 2-118, 2-121 and 2-122 of the Act

Sections 450.10, 450.30(a)(2) and 450.35(b) of the Code

The lists of tests which accompanies this application which have been determined to be "simple"

☐ Class II Permit - The following references are suggested to help determine eligibility for this category.

Sections 2-109, 2-118, 2-119, 2-121 and 2-122 of the Act

Sections 450.10, 450.30(a)(3) and 450.35(c) of the Code

☐ Licensed - The following references are suggested to help determine eligibility for this category.

Section 2-111 of the Act

Sections 450.10, 450.30(a)(5) and 450.35(e) of the Code

AGENCY NOTE: Any entity which fits the definition of a "Designated Agency" must provide a complete description of the State or Federal program being implemented. Such description must include complete citations to the Illinois laws and rules for the program using proper citations to the Illinois Revised Statutes and the Illinois Administrative Code or Illinois Register, or Court rules, or Executive Orders. If the laboratory operates to meet the requirements of a federal program, a complete description of the program and citations to the Federal laws for the program using proper citation to the United States Code and the Code of Federal Regulations or the Federal Register.

4. HOURS OF OPERATION:

Hours when tests are actually performed: M to : T to :
W to : Th to : F to : Sa to : Su to :

5. OWNERSHIP:

A. Check the appropriate box below:

INDIVIDUAL PARTNERSHIP* CORPORATION** TRUST

DEPARTMENT OF PUBLIC HEALTH

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

COUNTY TOWNSHIP CITY OTHER Specify

B. List owner(s), title and address below. Use additional sheets if necessary.

*Partnership - Provide names of all partners and percent of interest.

**Corporation - Provide corporate name, names of officers and all stockholders owning 5 percent or more of stocks, with an indication of percent of stock owned. If no stockholder owns more than 5 percent, so indicate below.

NAMES OF OWNERS OR CORPORATE OFFICERS AND MAJOR STOCKHOLDERS

ADDRESS

TITLE

%

EXACT CORPORATE NAME

CORPORATE ADDRESS

C. For all applications for Registration Class, Class I Permit or Class II Permit laboratories list all physicians, podiatrists or dentists who receive laboratory results from this laboratory. (Local health authorities and designated agencies are not required to complete part 5 C.)

NAME

NAME

ILLINOIS REGISTER

11703

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DEPARTMENT OF PUBLIC HEALTH

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

6. PERSONNEL: Director(s) (Not required if applying for Registration Class)

A. Name each laboratory director and indicate his/her weekly regularly scheduled hours in the laboratory. A personnel form is required for each director. Use additional sheets if necessary.

LAST NAME	FIRST NAME	RESIDENCE ADDRESS	NORMAL HOURS IN THE LAB						
			M	T	W	Th	F	Sa	Su

B. For each laboratory director, list all laboratories which he/she is associated with as director, co-director or associate director. Use additional sheets if necessary.

LAST NAME OF DIRECTOR	NAME OF FACILITY	ADDRESS OF FACILITY	POSITION

7. PERSONNEL: Supervisor(s) (Not required if applying for Registration Class or Class I Permit)

List the name of each laboratory supervisor and indicate his/her scheduled hours in this laboratory. Use additional sheets if necessary. A personnel form must be submitted for each person providing supervision.

LAST NAME	FIRST NAME	INITIAL	NORMAL HOURS IN THE LAB						
			M	T	W	Th	F	Sa	Su

ILLINOIS REGISTER

11704

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DEPARTMENT OF PUBLIC HEALTH

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

8. PERSONNEL: Other than directors or supervisors (not required if applying for Registration Class or Class I Permit)

List the names of all technical personnel employed by this laboratory other than those listed under 6 and 7 above. Use additional sheets if necessary. A personnel form must be submitted for each individual. Use the codes below to indicate how each employee is functioning.

T = technologist IE = technician C = consultant LA = laboratory assistant

LAST NAME	FIRST NAME	INITIAL	FUNCTIONING as:			
			T	IE	C	LA

9. PROGRAM AND SERVICES: Complete the attachment entitled "Program and Services". Attachment (A) is used by a laboratory requiring a Registration Class or Class I Permit. Attachment (B) is used by a laboratory requiring a Class II Permit or a License.

10. APPLICATION FEES:

A. Initial application fees (Section 3-102 of the Act) are as follows:

Licensed Laboratory	\$300
Class II Permit	\$100
Class I Permit	\$ 50

B. Renewal application fees (Sections 3-104 and 3-106 of the Act) are as follows:

Licensed Laboratory	\$150
Class II Permit	\$ 50

Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

Seal

Notary Public In and For Said State

ATTACHMENT A

PROGRAM AND SERVICES

Laboratory Name _____ Date _____

List below the name of each test performed in this laboratory, the name of the major instrument used to perform each test, and the name of the instrument manufacturer. Enough descriptive information is required so the Department can determine if this laboratory belongs in the Registration Class, Class I permit or Class II Permit category. Please review descriptions of the tests in the Registration category (Section 450.35(a)) and the list of simple tests accompanying this application.

TEST NAME	NAME OF MAJOR INSTRUMENT USED	NAME OF INSTRUMENT MANUFACTURER

Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

Class I Permit \$ 25

RETURN THE COMPLETED APPLICATION AND FEE TO:

Clinical Laboratory and Blood Bank Section
Illinois Department of Public Health
2121 West Taylor Street
Chicago, IL 60612

11. AFFIDAVIT:

State of _____ County of _____

The undersigned owner or authorized officer and laboratory director(s) of the facility described herein, being duly sworn on oath, depose(s) and say(s) that the statements contained in the foregoing application are true and correct to the best of _____ knowledge and belief; that no owner has been convicted of a felony or of any crime involving moral turpitude under the laws of any state of the United States arising out of or in connection with the operation of a laboratory and that _____ has(have) read and understand(s) this application and affidavit.

Name	Title
(Signature: _____)	_____
(Type Name: _____)	_____
(Signature: _____)	_____
(Type Name: _____)	_____
(Signature: _____)	_____
(Type Name: _____)	_____
(Signature: _____)	_____
(Type Name: _____)	_____
(Signature: _____)	_____
(Type Name: _____)	_____
(Signature: _____)	_____
(Type Name: _____)	_____

Subscribed and sworn to before me this _____ day of _____, 19____.

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

ATTACHMENT B

PROGRAM AND SERVICES

Laboratory Name: _____ Date: _____

TO BE COMPLETED BY THE LABORATORY DIRECTOR

A. Place a check mark in front of each number for each procedure performed in this laboratory except for clinical chemistry tests performed on automated multichannel equipment (profiles). For these tests, place an asterisk (*) in front of each procedure which is part of the profile.

- 0010 Histocompatibility Testing
- 86021 Antibody identification, leukocyte
 - 86595 Tissue culture
 - 86597 Tissue typing (HLA Typing)
- 0110 Bacteriology
- 87041 Blood cultures
 - 87042 Gastrointestinal tract cultures
 - 87043 Urinary tract cultures
 - 87044 Genital tract cultures
 - 87045 Cerebrospinal fluid cultures
 - 87046 Wound cultures
 - 87047 Eye cultures
 - 87048 Throat cultures
 - 87049 Ear cultures
 - 87050 Nose cultures
 - 87051 Mouth cultures
 - 87116 Acid Fast Bacilli cultures
 - 87184 Sensitivity studies, antibiotic, disc method
 - 87186 Sensitivity studies, antibiotic, minimum inhibitory conc. (MIC)
 - 87205 Smears
 - 87206 Smear, acid fast or fluorescent

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Appendix A Application for Registration, Class I Permit, Class II Permit, and Licensed Laboratory (Continued)

86592 0210 Syphilis Serology
VDRL, RPR, RST, ART
86650 Treponema antibodies (FTA-ABS)

82996 0220 Other Serology
Gonadotropin, chorionic
(pregnancy test) (Qual)
86000 Agglutinins, febrile

ATTACHMENT B

- 86006 (Brucella, typhoid O & H,
paratyphoid A & B, etc.)
 - 86060 Antibody, Qual (agglutinins, cold)
 - 86067 Antistreptolysin O, titer
 - 86140 Antitrypsin, alpha-1
 - 86151 C-reactive protein (CRP)
 - 86158 Carcinoembryonic antigen (CEA)
 - 86215 Complement, total or components
 - 86255 Deoxyribonuclease, antibody (ADNase)
 - Fluorescent antibody techniques,
Group A Strept, N. gonorrhoea,
antinuclear antibodies, etc.
 - 86280 Rubella antibody
 - 86287 Hepatitis B antigen
 - 86288 Hepatitis B antibody
 - 86300 Heterophile antibodies
(includes monotype test)
 - 86329 Immunoglobulins, quant, IgA, D, G, M,
ceruloplasmin, transferrin, AFP, etc.
 - 86421 Radioallerosorbent test (RAST)
 - 86430 Rheumatoid factor latex (RA)
 - 86594 Thyroid autoantibodies
 - 86600 Toxoplasmosis Agglutination
 - 86999 Unlisted immunology procedure
(briefly describe)
- 0310 Routine Chemistry
- 82040 Albumin
 - 82085 Aldolase
 - 82128 Amino acids
 - 82140 Ammonia
 - 82150 Amylase
 - 82250 Bilirubin, total or direct
 - 82270 Occult Blood Feces (Screen)

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NOTICE OF ADOPTED AMENDMENTSAppendix A Application for Registration, Class I Permit, Class II Permit,
and Licensed Laboratory (Continued)

82310	Calcium
82374	Carbon dioxide, content
81000	0320 Urinalysis, clinical microscopy Urinalysis, routine complete, including microscopic
81005	Urinalysis, chemical only, qual.
81030	Urinalysis, addis count
82939	Gastric analysis (Diagnex blue)
84118	Porphyria
84185	Bence-Jones Protein
84578	Urobilinogen
81099	Urinalysis, other
82003	0330 Chemistry, other
82011	Acetaminophen
82055	Acetylsalicylic acid (Salicylate)
82087	Alcohol, blood
82100	Aldosterone
82138	Alkaloids and other organic bases
82145	Amphetamine
82175	Arsenic
82205	Barbituates
82290	Bromides
82300	Cadmium
82308	Calcitonin
82372	Carbamazepine
82355	Calculus (Stone)
82382	Catecholamines, total
82415	Chloramphenicol (chloromycetin)
82529	Cortisol
82628	Desipramine
82634	Desoxycortisol, 11-(Compound S)
82636	Diazepam
82639	Dicumarol
82640	Digitoxin (digitalis)
82643	Digoxin
82670	Estradiol
82671	Estrogens
82672	Estrogen Receptor Assay

0400 Hematology

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and Licensed Laboratory (Continued)

85000	Bleeding time
85007	Differential WBC count
85012	Eosinophil count
85014	Hematocrit (Single)
85018	Hemoglobin (Single)
85021	Hemogram, automated
85041	Red blood cell (RBC) (Single)
85044	Reticulocyte count
85048	White blood cell (WBC) (Single)
85100	Bone marrow
85210	Clotting Factors
85345	Coagulation time, Lee and White
85371	Fibrinogen
85544	Lupus erythematosus (LE) prep.
85547	Fragility, mechanical, RBC
85555	Fragility, osmotic, RBC
85580	Platelet count
85610	Prothrombin time
85650	Sedimentation rate (ESR)
85660	Sickling of RBC
85730	Thromboplastin time, partial (PTT)
85999	Unlisted hematology procedure (Briefly Describe)
86080	0510 Blood Grouping
86082	Blood typing, ABO
86090	Blood typing, ABO and Rho(D)
86095	M+N typing
86105	Blood typing, RBC antigens other than ABO or Rho(D) Rh genotyping
86008	0520 Antibody Identification
86016	Antibody, titer Antibodies, RBC, saline, high protein
86068	0530 Compatibility testing
86075	Blood crossmatch, complete (typing, antibody screen - recipient and donor) Blood crossmatch, minor only

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

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Appendix B Application for Class III Permit Laboratory

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
CLINICAL LABORATORY AND BLOOD BANK SECTION
2121 WEST TAYLOR STREET
CHICAGO, ILLINOIS 60612

APPLICATION FOR PERMIT CLASS III PERMIT LABORATORY

1. APPLICATION DATE: ____ / ____ / ____

2. PRINCIPAL PLACE OF BUSINESS:

A: NAME OF LABORATORY

B: ADDRESS (NUMBER AND STREET)

C: CITY, STATE, ZIP CODE

D: TELEPHONE NUMBER: ()

E: HOURS OF OPERATION: M ____ to ____; T ____ to ____; W ____ to ____;
Th ____ to ____; F ____ to ____; Sa ____ to ____; Su ____ to ____

3. OWNERSHIP

A: CHECK THE APPROPRIATE BOX BELOW:

INDIVIDUAL	PARTNERSHIP*	CORPORATION**	TRUST
COUNTY	TOWNSHIP	CITY	OTHER
			Specify

B: List owner(s), title and address below. Use additional sheets if necessary.

*PARTNERSHIP - Provide names of all partners and percent of interest owned.

**CORPORATION - Provide corporate name, name of officers and all stockholders owning 5 percent or more of stock, with an indication of percent of stock owned. If no stockholder owns more than 5 percent so indicate below.

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Appendix B Application for Class III Permit Laboratory (Continued)

EXACT NAME(S) OF OWNER(S) % INTEREST ADDRESS

C: If the owner listed in 3 B is a corporation, indicate names of officers and all stockholders owning 5% or more of stock.

Title Address

4. LABORATORY DIRECTOR

A: A completed personnel form is required for each director. Indicate below the name and anticipated schedule of hours for each director in the laboratory during hours of testing.

LAST NAME FIRST NAME M T W Th F Sa Su

B: For each director, list all laboratories that individual directs. (Use additional sheets if necessary)

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Appendix B Application for Class III Permit Laboratory (Continued)

LAST NAME OF DIRECTOR NAME OF FACILITY ADDRESS OF FACILITY

5. PROGRAM AND SERVICES

List the name of each test performed.

NAME OF TEST

6. PERSONNEL OTHER THAN DIRECTOR(S)

List the names of all technical personnel employed by this laboratory other than director(s). Use additional sheets if necessary. A personnel form must be submitted for each individual. Use the codes below to indicate how each employee is functioning.

S = Supervisor I = Technologist IE = Technician
LA = Laboratory Assistant P = PhlebotomistLAST NAME FIRST NAME INITIAL FUNCTIONING AS:
S T TE LA PDEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Appendix B Application for Class III Permit Laboratory (Continued)

7. PERSON(S) AT THE TEST SITE IN CHARGE OF LABORATORY OPERATIONS

LAST NAME FIRST NAME INITIAL

8. INDICATE BELOW WHERE EQUIPMENT, SUPPLIES AND RECORDS RELATING TO LABORATORY OPERATIONS ARE KEPT WHEN NOT AT THE TEST SITE

NAME

ADDRESS (NUMBER AND STREET)

CITY, STATE, ZIP CODE

9. Please attach a statement signed by the Director indicating that the person in charge of the total laboratory operation has education and training necessary for proper laboratory operation at the test site. (See 450.1320(h))

10. Please attach a copy of the Physician Approved Protocol. (See Section 450.1310)

11. AFFIDAVIT

State of _____ County of _____

The undersigned owner or authorized officer and director(s) of the facility described herein, being duly sworn on oath, depose(s) and say(s) that the statements contained in the foregoing application are true and correct to the best of _____ knowledge and belief and that has(have) read and understand(s) this application and affidavit.

NAME

TITLE

Signature _____

Type Name _____

DEPARTMENT OF PUBLIC HEALTH
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Appendix B Application for Class III Permit Laboratory (Continued)

NAME	TITLE
Signature _____	
Type Name _____	
Signature _____	
Type Name _____	
Signature _____	
Type Name _____	

Subscribed and sworn to
before me this _____ day
of _____, 19 _____

SEAL

Notary Public In and For Said State

Note:

This completed application along with the required permit fee of \$200.00 are
to be sent to:

Fiscal and Management Services
Illinois Department of Public Health
Attn: Validation Unit
535 W. Jefferson Street
Springfield, Illinois 62761

(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

Appendix C Registration, Permit, and License Requirements - An Overview.

ELIGIBILITY CRITERIA	REGISTRATION	CLASS I PERMIT	CLASS II PERMIT	CLASS III PERMIT	HEALTH SCHEDULING (PROTOCOL)	LICENSE
Single prac- tice medicine, lab operated podiatry, exclusively dentistry or for patients local health authority or suburban authority or designated agency Single prac- tice medicine includes M.D.s, D.O.s, D.C.	Single prac- tice medicine, lab operated podiatry, exclusively dentistry or for patients local health authority or suburban authority or designated agency Single prac- tice medicine includes M.D.s, D.O.s, D.C.	Owns where lab operated exclusively for patients of physicians, podiatrists, or dentists who own lab or are em- ployed by local health authority or designated agency or Class I	Owns where lab operated exclusively for patients of physicians, podiatrists, or dentists who own lab or are em- ployed by local health authority or designated agency or Class I	Owns where lab operated exclusively for patients of physicians, podiatrists, or dentists who own lab or are em- ployed by local health authority or designated agency or Class I	Any labora- tory	Owns to operate lab to accept specimens from any person authorized to submit such specimens

DIRECTOR RE- QUIREMENTS	None	M.D., D.O., D.D.S., D.P.M., D.C., Ph.D., N.S., or Grand- fathered who meets reg- ulations	M.D., D.O., Ph.D., N.S., or Grand- fathered who meets reg- ulations	M.D., D.O., Ph.D., N.S., or Grand- fathered who meets reg- ulations	Non pre- fit test- ing no require- ments except a pre- fit test- ing permit Class III
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PERSONNEL OTHER THAN DIRECTOR (Minimum)	None	Lab. assis- tant, if any	Technician or Tech- nologist	Technician or Labo- ratory Assis- tant	None	General super- visor, if dir- ector not pre- sent full time
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FEE	None Annual Registration	Annual Initial \$30 Renewal \$25	Annual Initial \$100 Renewal \$ 50	Annual Initial \$200 Renewal \$100	None	Annual Initial \$300 Renewal \$150
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HOW IN- SPECTION FREQUENCY	None	None	2 1/2 years	2 years	None	1 year
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PROFICIENCY TESTING	None	Required for tests offered	Required for tests offered	Required for tests offered	None	Required for tests offered
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TEST PER- MISSIBLE	List of reg- istered tests	Registered & simple tests	Registered & simple & com- plex tests	Cholesterol & glucose glucose	Chole- sterol & glucose	Any tests as long as Dir- ector is qual- ified
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(Source: Added at 13 Ill. Reg. 11573, effective July 1, 1989)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

790.7280 Amendment
 790.7288 Amendment
 790.7400 Amendment
 790.7540 Amendment
 790.7700 Amendment
 790.7820 Amendment
 790.7828 Amendment
 790.8020 Amendment
 790.8140 Amendment
 790.8248 Repealer
 790.8260 Amendment
 790.8420 Amendment
 790.8580 Amendment
 790.8700 Amendment
 790.8724 Amendment
 790.8740 Amendment
 790.8900 Amendment
 790.8940 Amendment
 790.9020 Amendment
 790.9060 Amendment
 790.9084 Amendment
 790.9100 Amendment
 790.9140 Amendment
 790.9220 Amendment
 790.9320 Amendment
 790.9380 Amendment
 790.9475 Amendment
 790.9486 Amendment

4) Statutory Authority:

Implementing and authorized by Section 3.14 of the Illinois Food, Drug and Cosmetic Act (111. Rev. Stat. 1987, ch. 56 1/2, par. 503.14) and Section 25 of the Pharmacy Practice Act (111. Rev. Stat. 1987, ch. 111, par. 4145).

5) Effective Date of Rules:

July 14, 1989

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Any Incorporations by Reference? No

8) Date Filed in Agency's Principal Office:

June 23, 1989

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9) Date Notice(s) of Proposal was Published in Illinois Register:

13 111. Reg. 3015, March 10, 1989

10) Has the Joint Committee on Administrative Rules issued a Statement of Objections to this/these Rules? No.

11) Difference Between Proposal and Final Version: The following changes have been agreed upon by the Agency and the Joint Committee:

1. To change the word "HYDROCHLORIDE" to read "HYDROBROMIDE" in Section 790.1708 in the Text.
2. To change "Rule 790.60" to "Section 790.60" in Section 790.1125.
3. To change the language "Rule 790.60" to read "Section 790.60" in Sections 790.1127, 790.1129, 790.1131, 790.3620, 790.7280 and 790.7288.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee? Yes.

13) Will the Rules Replace an Emergency Rule Currently in Effect? Yes.

14) Are there any other Amendments Pending on this Part? No.

15) Summary and Purpose of Rules:

The Illinois Department of Public Health proposes to amend various sections of the Illinois Formulary for the Drug Product Selection Program. Several new generic entities are also proposed for concurrent inclusion. These changes have been recommended by the Technical Advisory Council for the Drug Product Selection Program and have been published in the Tenth Edition of the Illinois Formulary.

16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH
NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER m: FOOD, DRUGS AND COSMETICS

PART 790
THE ILLINOIS FORMULARY FOR THE DRUG PRODUCT SELECTION PROGRAM

SUBPART A: GENERAL PROVISIONS

SECTION
790.20 Introduction
790.40 Consideration of Drug Products for Inclusion in the Illinois Formulary
790.60 Additional Criteria
790.80 Quality Listing
790.100 Generic Drug Entity Headings
790.120 Comments and Specific Administration
790.140 Requests for Additional Copies
790.160 Prescription Use of Drug Products
790.180 FDA Drug Product Approval and Recommendation
790.200 Availability of Drug Products;
Pharmaceutical Equivalence
Single Source Drug Products Exclusion
Criteria for Exclusion of Drug Products
Inclusion of Controlled Substances
Equivalence of Products Requirements
790.300 Selection of Equivalent Drug Products
790.320 Transfer of Prescriptions

SUBPART B: APPROVED DRUG PRODUCTS FOR
DRUG PRODUCT SELECTION

SECTION
790.420 ACETAMINOPHEN; BUTALBITAL
790.460 ACETAMINOPHEN; BUTALBITAL; CAFFEINE
790.480 ACETAMINOPHEN; CAFFEINE; DIHYDROCODEINE BITARTRATE
790.500 ACETAMINOPHEN; CODEINE PHOSPHATE
790.540 ACETAMINOPHEN; HYDROCODONE BITARTRATE
790.548 ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE
790.580 ACETAMINOPHEN; PROPOXYPHENE HYDROCHLORIDE
790.600 ACETAMINOPHEN; PROPOXYPHENE NAPSYLATE
790.620 ACETAZOLAMIDE
790.630 ACETAZOLAMIDE SODIUM
790.660 ACETIC ACID, GLACIAL
790.700 ACETIC ACID, GLACIAL; HYDROCORTISONE

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790.706 ACETOHEXAMIDE
790.721 ACETYLCYSTEINE
790.740 ALBUTEROL SULFATE
790.756 ALCOHOL; DEXTROSE
790.780 ALLOPURINOL
790.788 AMANTADINE HYDROCHLORIDE
790.798 AMILORIDE HYDROCHLORIDE
790.799 AMILORIDE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE
790.815 AMINOACETIC ACID (Repealed)
790.820 AMINOCAPROIC ACID
790.860 AMINOPHYLLINE
790.900 AMITRIPTYLINE HYDROCHLORIDE
790.905 AMITRIPTYLINE HYDROCHLORIDE; CHLORDIAZEPOXIDE
790.910 AMITRIPTYLINE HYDROCHLORIDE; PERPHENAZINE
790.940 AMOXICILLIN TRIHYDRATE
790.974 AMPHOTERICIN B
790.980 AMPICILLIN SODIUM
790.1020 AMPICILLIN; PROBENECID
790.1060 AMPICILLIN/AMPICILLIN TRIHYDRATE
790.1100 ANISOTROPINE METHYLBROMIDE (Repealed)
790.1120 ASCORBIC ACID; BIOTIN; CYANOCOBALAMIN; DEXPANTHENOL;
ERGOCALCIFEROL; FOLIC ACID; NIACINAMIDE; PYRIDOXINE
HYDROCHLORIDE; RIBOFLAVIN PHOSPHATE SODIUM; THIAMINE
HYDROCHLORIDE; VITAMIN A; VITAMIN E
790.1125 ASCORBIC ACID; CYANOCOBALAMIN; FLUORIDE; IRON; NICOTINIC ACID;
PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE;
VITAMIN A; VITAMIN D; VITAMIN E
790.1127 ASCORBIC ACID; CYANOCOBALAMIN; FLUORIDE; NICOTINIC ACID;
PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE;
VITAMIN A; VITAMIN D; VITAMIN E
790.1129 ASCORBIC ACID; FLUORIDE; IRON; VITAMIN A; VITAMIN D
790.1131 ASCORBIC ACID; FLUORIDE; VITAMIN A; VITAMIN D
790.1140 ASPIRIN; BUTALBITAL; CAFFEINE
790.1180 ASPIRIN; BUTALBITAL; CAFFEINE; PHENACETIN (Repealed)
790.1200 ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE
790.1220 ASPIRIN; CAFFEINE; PHENACETIN; PROPOXYPHENE HYDROCHLORIDE
(Repealed)
790.1260 ASPIRIN; CAFFEINE; PHENACETIN; PROPOXYPHENE HYDROCHLORIDE
(Repealed)
790.1300 ASPIRIN; CAFFEINE; PROPOXYPHENE HYDROCHLORIDE
790.1345 ASPIRIN; CARISOPRODOL
790.1360 ASPIRIN; MEPROBAMATE
790.1380 ASPIRIN; METHOCARBAMOL
790.1386 ASPIRIN; OXYCODONE HYDROCHLORIDE; OXYCODONE TEREPHTHALATE
790.1418 ATROPINE
790.1420 ATROPINE SULFATE; DIPHENOXYLATE HYDROCHLORIDE
790.1425 ATROPINE SULFATE; MEPERIDINE HYDROCHLORIDE

790.1440 AZATHIOPRINE SODIUM
790.1460 BACITRACIN
790.1490 BACITRACIN ZINC; HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.1500 BACITRACIN ZINC; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.1540 BACITRACIN ZINC; POLYMYXIN B SULFATE
790.1560 BACLOFEN
790.1570 BENZOTROPINE MESYLATE
790.1577 BETAMETHASONE DIPROPIONATE
790.1580 BETAMETHASONE SODIUM PHOSPHATE
790.1620 BETAMETHASONE VALERATE
790.1660 BETHANECHOL CHLORIDE
790.1685 BRETILIUM TOSYLATE
790.1686 BRETILIUM TOSYLATE; DEXTROSE
790.1697 BROMODIPHENHYDRAMINE HYDROCHLORIDE; CODEINE PHOSPHATE
790.1700 BROMPHENIRAMINE MALEATE
790.1706 BROMPHENIRAMINE MALEATE; CODEINE PHOSPHATE; PHENYLPROPANOLAMINE HYDROCHLORIDE
790.1708 BROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDROCHLORIDE
790.1710 BROMPHENIRAMINE MALEATE; PHENYLPROPANOLAMINE HYDROCHLORIDE
790.1719 BUPIVACAINE HYDROCHLORIDE
790.1721 BUPIVACAINE HYDROCHLORIDE; EPINEPHRINE BITARTRATE
790.1740 BUTABARBITAL SODIUM
790.1780 CAFFEINE; CARISOPRODOL; PHENACETIN (Repealed)
790.1820 CAFFEINE; ERGOTAMINE TARTRATE
790.1842 CALCIUM CHLORIDE; DEXTROSE; MAGNESIUM CHLORIDE; SODIUM CHLORIDE; SODIUM LACTATE
790.1846 CALCIUM CHLORIDE; DEXTROSE; POTASSIUM CHLORIDE; SODIUM CHLORIDE
790.1848 CALCIUM CHLORIDE; DEXTROSE; POTASSIUM CHLORIDE; SODIUM CHLORIDE; SODIUM LACTATE
790.1856 CALCIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM CHLORIDE
790.1858 CALCIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM CHLORIDE; SODIUM LACTATE
790.1860 CALCIUM GLUCEPATE
790.1900 CANDICIDIN (Repealed)
790.1930 CARBAMAZEPINE
790.1940 CARBENICILLIN DISODIUM
790.1980 CARISOPRODOL
790.2020 CEFADROXIL MONOHYDRATE
790.2060 CEFAZOLIN SODIUM
790.2084 CEFTAZIDIME
790.2092 CEFUROXIME SODIUM
790.2097 CEPHALEXIN
790.2100 CEPHALOTHIN SODIUM
790.2130 CEPHAPIRIN SODIUM
790.2140 CEPHADINE/CEPHRADINE DIHYDRATE

790.2180 CHLORAMPHENICOL
790.2220 CHLORAMPHENICOL SODIUM SUCCINATE
790.2260 CHLORDIAPOXIDE HYDROCHLORIDE
790.2300 CHLORMEZANONE (Repealed)
790.2340 CHLOROQUINE PHOSPHATE
790.2380 CHLOROTHIAZIDE
790.2390 CHLOROTHIAZIDE; METHYLDOPA
790.2420 CHLOROTRIANISENE
790.2460 CHLORPHENIRAMINE MALEATE
790.2500 CHLORPROMAZINE HYDROCHLORIDE
790.2510 CHLORPROPAMIDE
790.2540 CHLORTHALIDONE
790.2555 CHLORTHALIDONE; CLONIDINE HYDROCHLORIDE
790.2580 CHLORZOXAZONE
790.2583 CHROMIC CHLORIDE
790.2595 CITRIC ACID; MAGNESIUM OXIDE; SODIUM CARBONATE
790.2603 CLINDAMYCIN HYDROCHLORIDE
790.2605 CLINDAMYCIN PHOSPHATE
790.2613 CLOFIBRATE
790.2614 CLOMIPHENE CITRATE
790.2617 CLONIDINE HYDROCHLORIDE
790.2618 CLORAZEPATE DIPOTASSIUM
790.2620 CLOTRIMAZOLE
790.2660 CLOXACILLIN SODIUM MONOHYDRATE
790.2663 CODEINE PHOSPHATE; PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE
790.2668 CODEINE PHOSPHATE; PROMETHAZINE HYDROCHLORIDE
790.2672 CODEINE PHOSPHATE; PSEUDOEPHEDRINE HYDROCHLORIDE; TRIPROLIDINE HYDROCHLORIDE
790.2700 CORTICOTROPIN
790.2740 CROTAMITON
790.2780 CYANOCOBALAMIN
790.2800 CYCLACILLIN
790.2820 CYCLOPENTOLATE HYDROCHLORIDE
790.2860 CYCLOPHOSPHAMIDE
790.2900 CYPROHEPTADINE HYDROCHLORIDE
790.2904 DACARBAZINE
790.2908 DANAZOL
790.2928 DESIPRAMINE HYDROCHLORIDE (Repealed)
790.2932 DESONIDE
790.2940 DEXAMETHASONE
790.2980 DEXAMETHASONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.3020 DEXAMETHASONE SODIUM PHOSPHATE
790.3021 DEXAMETHASONE SODIUM PHOSPHATE; NEOMYCIN SULFATE
790.3023 DEXCHLORPHENIRAMINE MALEATE
790.3027 DEXTROMETHORPHAN SULFATE
790.3028 DEXTROMETHORPHAN HYDROBROMIDE; PROMETHAZINE HYDROCHLORIDE

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790.3029 DEXTROSE
 790.3030 DEXTROSE; DOPAMINE HYDROCHLORIDE
 790.3032 DEXTROSE; HEPARIN SODIUM
 790.3033 DEXTROSE; LIDOCAINE HYDROCHLORIDE
 790.3038 DEXTROSE; MAGNESIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM GLUCONATE
 790.3042 SODIUM ACETATE; SODIUM CHLORIDE
 790.3048 DEXTROSE; POTASSIUM CHLORIDE; SODIUM CHLORIDE
 790.3049 DEXTROSE; SODIUM CHLORIDE
 790.3051 DEXTROSE; THEOPHYLLINE
 790.3054 DIAZEPAM
 790.3056 DIAZOXIDE
 790.3060 DICLOXACILLIN SODIUM
 790.3085 DICLOXIMINE HYDROCHLORIDE
 790.3100 DIENESTROL
 790.3140 DIETHYLPROPION HYDROCHLORIDE
 790.3180 DIETHYLSTILBESTROL
 790.3220 DIGOXIN
 790.3260 DIMENHYDRINATE
 790.3300 DIPHENHYDRAMINE HYDROCHLORIDE
 790.3315 DISOPYRAMIDE PHOSPHATE
 790.3335 DOPAMINE HYDROCHLORIDE
 790.3340 DOXEPIN HYDROCHLORIDE
 790.3380 DOXYCYCLINE
 790.3420 DOXYCYCLINE HYCLATE
 790.3425 DOXYLAMINE SUCCINATE
 790.3437 DROPERIDOL
 790.3440 DROPERIDOL; FENTANYL CITRATE
 790.3460 ECHTHIOPHATE IODIDE (Repealed)
 790.3472 EDETATE DISODIUM
 790.3475 EDROPHONIUM CHLORIDE
 790.3492 EPINEPHRINE; LIDOCAINE HYDROCHLORIDE
 790.3500 ERGOCALCIFEROL
 790.3540 ERGOLOID MESYLATES
 790.3580 ERGOTAMINE TARTRATE
 790.3620 ERYTHROMYCIN
 790.3660 ERYTHROMYCIN ESTOLATE
 790.3700 ERYTHROMYCIN ETHYL SUCCINATE
 790.3720 ERYTHROMYCIN LACTOBIONATE
 790.3730 ERYTHROMYCIN LACTOBIONATE
 790.3740 ERYTHROMYCIN STEARATE
 790.3742 ERYTHROMYCIN STEARATE
 790.3780 ESTRADIOL CYPIONATE
 790.3800 ESTRADIOL CYPIONATE; TESTOSTERONE CYPIONATE
 790.3820 ESTRADIOL VALERATE
 790.3860 ESTRADIOL VALERATE; TESTOSTERONE ENANTHATE
 790.3900 ETHCHLORVYNOL

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790.3907 ETHINYL ESTRADIOL; NORETHINDRONE
 790.3910 FENOPROFEN CALCIUM
 790.3920 FLOXURIDINE
 790.3940 FLUOCINOLONE ACETONIDE
 790.3945 FLUOCINONIDE
 790.3960 FLUOROMETHOLONE
 790.3980 FLUOROURACIL
 790.3996 FLUPHENAZINE DECAONATE
 790.4012 FLUPHENAZINE HYDROCHLORIDE
 790.4020 FLURANDRENOLIDE
 790.4040 FLURAZEPAM HYDROCHLORIDE
 790.4060 FOLIC ACID
 790.4100 FUROSEMIDE
 790.4140 GENTAMICIN SULFATE
 790.4150 GENTAMICIN SULFATE; SODIUM CHLORIDE
 790.4173 GLUCAGON HYDROCHLORIDE
 790.4180 GLUTETHIMIDE
 790.4200 GLYCINE
 790.4220 GLYCOPYRROLATE
 790.4260 GONADOTROPIN CHORIONIC
 790.4300 GRAMICIDIN; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
 790.4340 GRISEOFULVIN MICROCRYSTALLINE
 790.4380 GRISEOFULVIN ULTRAMICROCRYSTALLINE
 790.4386 GUANETHIDINE MONOSULFATE
 790.4396 HALOPERIDOL
 790.4398 HALOPERIDOL LACTATE
 790.4420 HEPARIN SODIUM
 790.4430 HEPARIN SODIUM; SODIUM CHLORIDE
 790.4460 HEXACHLOROPHENE
 790.4500 HOMATROPINE METHYLBROMIDE (Repealed)
 790.4540 HOMATROPINE METHYLBROMIDE; HYDROCODONE BITARTRATE
 790.4580 HYDRALAZINE HYDROCHLORIDE
 790.4620 HYDRALAZINE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE
 790.4660 HYDROCHLOROTHIAZIDE
 790.4665 HYDROCHLOROTHIAZIDE; LABETALOL HYDROCHLORIDE
 790.4670 HYDROCHLOROTHIAZIDE; METHYLDOPA
 790.4680 HYDROCHLOROTHIAZIDE; PROPANOLOL HYDROCHLORIDE
 790.4700 HYDROCHLOROTHIAZIDE; SPIRONOLACTONE
 790.4720 HYDROCHLOROTHIAZIDE; TRIAMTERENE
 790.4740 HYDROCORTISONE
 790.4780 HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
 790.4820 HYDROCORTISONE; POLYMYXIN B SULFATE
 790.4840 HYDROCORTISONE SODIUM PHOSPHATE
 790.4860 HYDROCORTISONE; UREA
 790.4900 HYDROCORTISONE ACETATE
 790.4940 HYDROCORTISONE ACETATE; NEOMYCIN SULFATE
 790.4960 HYDROCORTISONE ACETATE; PRAMOXINE HYDROCHLORIDE

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790.4980	HYDROCORTISONE SODIUM SUCCINATE
790.5020	HYDROFLUMETHIAZIDE
790.5060	HYDROXOCOBALAMIN
790.5100	HYDROXYPROGESTERONE CAPROATE
790.5140	HYDROXYZINE HYDROCHLORIDE
790.5180	HYDROXYZINE PAMOATE
790.5220	IBUPROFEN
790.5260	IDOXURIDINE
790.5300	IMIPRAMINE HYDROCHLORIDE
790.5312	INDOMETHACIN
790.5340	IRON DEXTRAN COMPLEX
790.5380	ISOETHARINE HYDROCHLORIDE
790.5420	ISONIAZID
790.5460	ISOPROTERENOL HYDROCHLORIDE
790.5483	ISOSORBIDE DINITRATE
790.5500	KANAMYCIN SULFATE
790.5520	KETAMINE HYDROCHLORIDE
790.5530	LABELALOL HYDROCHLORIDE
790.5540	LACTULOSE
790.5544	LEUCOVORIN CALCIUM
790.5560	LEVONORDEFIN; MEPIVICAINE HYDROCHLORIDE
790.5580	LIDOCAINE
790.5620	LIDOCAINE HYDROCHLORIDE
790.5640	LINCAMYCIN
790.5660	LINDANE
790.5700	LIOTHYRONINE SODIUM
790.5720	LISINAPRIL
790.5740	LITHIUM CARBONATE
790.5780	LITHIUM CITRATE
790.5792	LORAZEPAM
790.5795	LOXAPINE SUCCINATE
790.5800	MAGNESIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM ACETATE; SODIUM CHLORIDE; SODIUM GLUCONATE
790.5802	MANNITOL
790.5807	MAPROTILINE HYDROCHLORIDE
790.5820	MECLIZINE HYDROCHLORIDE
790.5830	MECLOFENAMATE SODIUM
790.5835	MEDROXYPROGESTERONE ACETATE
790.5837	MEFENAMIC ACID
790.5840	MEGESTROL ACETATE
790.5860	MENADIOL SODIUM PHOSPHATE
790.5872	MEPERIDINE HYDROCHLORIDE
790.5893	MEPIVICAINE HYDROCHLORIDE
790.5900	MEPROBAMATE
790.5924	MESTRANOL; NORETHINDRONE
790.5940	METAPROTERENOL SULFATE
790.5980	METARAMINOL BITARTRATE

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790.5992	METHADONE HYDROCHLORIDE
790.5996	METHAMPHETAMINE HYDROCHLORIDE
790.6020	METHILAZINE HYDROCHLORIDE
790.6060	METHENAMINE HIPPURATE
790.6100	METHICILLIN SODIUM
790.6140	METHOCARBAMOL
790.6180	METHOTREXATE SODIUM
790.6220	METHSCOPOLAMINE BROMIDE
790.6260	METHYLCLOTHIAZIDE
790.6275	METHYLDOPA
790.6277	METHYLDOPATE HYDROCHLORIDE
790.6280	METHYLPHENIDATE HYDROCHLORIDE
790.6284	METHYLPREDNISOLONE
790.6300	METHYLPREDNISOLONE SODIUM SUCCINATE
790.6340	METHYLTESTOSTERONE
790.6370	METOCLOPRAMIDE HYDROCHLORIDE
790.6375	METOCURINE IODIDE
790.6380	METOLAZONE
790.6420	METRONIDAZOLE
790.6435	MINOXIDIL
790.6445	MORPHINE SULFATE
790.6450	NAFACILLIN SODIUM
790.6452	NALBUPHINE HYDROCHLORIDE
790.6454	NALIDIXIC ACID
790.6456	NALOXONE HYDROCHLORIDE
790.6460	NANDROLONE DECANOATE
790.6480	NANDROLONE PHENPROPIONATE
790.6500	NAPHAZOLINE HYDROCHLORIDE
790.6540	NEOMYCIN SULFATE
790.6544	NEOMYCIN SULFATE; POLYMYXIN B SULFATE
790.6570	NEOMYCIN SULFATE; TRIAMCINOLONE ACETONIDE
790.6580	NIACIN
790.6610	NIFEDIPINE
790.6620	NITROFURANTOIN
790.6621	NITROFURANTOIN MACROCRYSTALS
790.6660	NITROFURAZONE
790.6670	NITROGLYCERIN INJECTION
790.6700	NORETHINDRONE ACETATE
790.6740	NORTRIPTYLINE HYDROCHLORIDE
790.6780	NYSTATIN
790.6800	NYSTATIN; TRIAMCINOLONE ACETONIDE
790.6820	ORPHENADRINE CITRATE
790.6860	OXACILLIN SODIUM
790.6875	OXAZEPAM
790.6885	OXTRIPHYLLINE
790.6895	OXYBUTYRIN
790.6900	OXYPHENBUTAZONE (Repealed)

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790.6940 OXYTETRACYCLINE HYDROCHLORIDE
 790.6946 OXYTOCIN
 790.6960 PANCURONIUM BROMIDE
 790.6980 PENICILLIN G POTASSIUM
 790.7020 PENICILLIN G PROCAINE
 790.7060 PENICILLIN G SODIUM (Repealed)
 790.7100 PENICILLIN V POTASSIUM
 790.7120 PENTOBARBITAL SODIUM
 790.7130 PERPHENAZINE
 790.7140 PHENDIMETRAZINE TARTRATE
 790.7180 PHENTERMINE HYDROCHLORIDE
 790.7181 PHENTERMINE RESIN COMPLEX
 790.7220 PHENYLBUTAZONE (Repealed)
 790.7223 PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE
 790.7229 PHENYTOIN SODIUM INJECTION
 790.7260 PIPERAZINE CITRATE
 790.7265 POLYETHYLENE GLYCOL 3350; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE, ANHYDROUS
 790.7272 POLYMYXIN B SULFATE
 790.7280 POTASSIUM CHLORIDE
 790.7284 POTASSIUM CHLORIDE; SODIUM CHLORIDE
 790.7288 POTASSIUM GLUCONATE
 790.7294 PRAZEPAM
 790.7300 PREDNISOLONE ACETATE
 790.7340 PREDNISOLONE ACETATE; SULFACETAMIDE SODIUM
 790.7380 PREDNISOLONE SODIUM PHOSPHATE
 790.7400 PREDNISON
 790.7420 PRIMIDONE
 790.7460 PROBENECID
 790.7500 PROCAINAMIDE HYDROCHLORIDE
 790.7510 PROCAINE HYDROCHLORIDE
 790.7540 PROCHLORPERAZINE EDISYLATE
 790.7580 PROCHLORPERAZINE MALEATE
 790.7620 PROGESTERONE
 790.7660 PROMAZINE HYDROCHLORIDE
 790.7700 PROMETHAZINE HYDROCHLORIDE
 790.7740 PROPANTHLINE BROMIDE
 790.7780 PROPARACINE HYDROCHLORIDE
 790.7820 PROPOXYPHENE HYDROCHLORIDE
 790.7828 PROPANOLOL HYDROCHLORIDE
 790.7834 PROTAMINE SULFATE
 790.7860 PSEUDOEPHEDRINE HYDROCHLORIDE; TRIPROLIDINE HYDROCHLORIDE
 790.7900 PYRIDOSTIGMINE BROMIDE
 790.7940 PYRIDOXINE HYDROCHLORIDE
 790.7980 PYRILAMINE MALEATE
 790.8015 QUINIDINE GLUCONATE
 790.8020 QUINIDINE SULFATE

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790.8060 RESERPINE
 790.8100 RIFAMPIN
 790.8106 RITODRINE HYDROCHLORIDE
 790.8136 SECOBARBITAL SODIUM
 790.8140 Selenium Sulfide
 790.8180 SILVER SULFADIAZINE
 790.8220 SODIUM AMINOSALICYLATE
 790.8232 SODIUM CHLORIDE
 790.8244 SODIUM LACTATE
 790.8248 SODIUM NITROPRUSSIDE (Repealed)
 790.8260 SODIUM POLYSTYRENE SULFONATE
 790.8290 SOYBEAN OIL
 790.8300 SPIRONOLACTONE
 790.8340 STREPTOMYCIN SULFATE
 790.8378 SULFABENZAMIDE; SULFACETAMIDE; SULFATHIAZOLE
 790.8380 SULFABENZAMIDE; SULFACETAMIDE; SULFATHIAZOLE; UREA
 790.8420 SULFACETAMIDE SODIUM
 790.8460 SULFADIAZINE
 790.8500 SULFAMETHIZOLE
 790.8540 SULFAMETHOXAZOLE
 790.8580 SULFAMETHOXAZOLE; TRIMETHOPRIM
 790.8590 SULFANILAMIDE
 790.8620 SULFASALAZINE
 790.8660 SULFINPYRAZONE
 790.8700 SULFISOXAZOLE
 790.8724 TEMAZEPAM
 790.8727 TERBUTALINE SULFATE
 790.8740 TESTOSTERONE CYPIONATE
 790.8780 TESTOSTERONE ENANTHATE
 790.8820 TESTOSTERONE PROPIONATE
 790.8860 TETRACYCLINE
 790.8900 TETRACYCLINE HYDROCHLORIDE
 790.8940 THEOPHYLLINE
 790.8980 THIAMINE HYDROCHLORIDE
 790.9020 THIORIDAZINE HYDROCHLORIDE
 790.9035 THIOXIXENE
 790.9045 THIOXIXENE HYDROCHLORIDE
 790.9056 TOLAZAMIDE
 790.9060 TOLBUTAMIDE
 790.9084 TRAZODONE HYDROCHLORIDE
 790.9100 TRIAMCINOLONE ACETONIDE
 790.9140 TRIFLUOPERAZINE HYDROCHLORIDE
 790.9180 TRIHEXYPHENIDYL HYDROCHLORIDE
 790.9220 TRIMEPAZINE TARTRATE
 790.9260 TRIMETHOBENZAMIDE HYDROCHLORIDE
 790.9300 TRIMETHOPRIM
 790.9320 TRIMIPRAMINE MALEATE

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790.9340 TRIPLENNAMINE HYDROCHLORIDE
 790.9380 TRIPROLODINE HYDROCHLORIDE
 790.9420 TRISULFAPYRIMIDINE
 790.9460 TROPICAMIDE
 790.9475 VALPROATE SODIUM
 790.9478 VALPROIC ACID
 790.9486 VANCOMYCIN HYDROCHLORIDE
 790.9500 VERAPAMIL HYDROCHLORIDE
 790.9520 VINBLASTINE SULFATE
 790.9530 VINCRISTINE SULFATE
 790.9540 VITAMIN A
 790.9580 VITAMIN A PALMITATE
 790.9820 WATER FOR INJECTION, STERILE
 790.9660 WATER FOR IRRIGATION, STERILE
 790.9800 XULOSE

AUTHORITY: Implementing and authorized by Section 3.14 of the Illinois Food, Drug and Cosmetic Act (Ill. Rev. Stat. 1987, ch. 56 1/2, par. 503.14) and Section 25 of the Pharmacy Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 4145).

SOURCE: Emergency amendment at 2 Ill. Reg. 18, p. 47, effective April 26, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 26, p. 150, effective July 1, 1978; emergency amendment at 2 Ill. Reg. 40, p. 98, effective October 1, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 51, p. 48, effective December 18, 1978; emergency amendment at 3 Ill. Reg. 2, p. 18, effective December 31, 1978, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 15, p. 147, effective April 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 27, p. 113, effective July 1, 1979; emergency amendment at 3 Ill. Reg. 32, p. 158, effective August 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 41, p. 178, effective October 8, 1979; emergency amendment at 4 Ill. Reg. 51, p. 147, effective December 12, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 3466, effective March 25, 1981; amended at 5 Ill. Reg. 7107, effective June 24, 1981; amended at 5 Ill. Reg. 9120, effective October 1, 1981; amended at 5 Ill. Reg. 14605, effective February 1, 1982; amended at 6 Ill. Reg. 6750, effective July 1, 1982; amended at 6 Ill. Reg. 11558, effective September 15, 1982; amended at 6 Ill. Reg. 15195, effective December 15, 1982; amended at 7 Ill. Reg. 7110, effective July 1, 1983; amended at 7 Ill. Reg. 13270, effective October 1, 1983; amended at 7 Ill. Reg. 16924, effective January 1, 1984; amended at 8 Ill. Reg. 2162, effective March 1, 1984; amended at 8 Ill. Reg. 8513, effective July 1, 1984; codified at 8 Ill. Reg. 13402; amended at 8 Ill. Reg. 22108, effective November 1, 1984; amended at 9 Ill. Reg. 4071, effective April 1, 1985; amended at 9 Ill. Reg. 6816, effective May 1, 1985; amended at 10 Ill. Reg. 253, effective January 1, 1986; amended at 10 Ill. Reg. 8814, effective May 15, 1986; amended at 11 Ill. Reg. 3565, effective February 23, 1987; amended at 11 Ill. Reg. 9223, effective May 15, 1987; amended at 11

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111. Reg. 14382, effective August 15, 1987; amended at 12 Ill. Reg. 1823, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1984, effective January 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 7743, effective April 15, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 9153, effective May 13, 1988; amended at 12 Ill. Reg. 10133, effective May 31, 1988, emergency amendment at 12 Ill. Reg. 10745, effective June 2, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12846, effective July 29, 1988; emergency amendment at 12 Ill. Reg. 13255, effective August 5, 1988, for a maximum of 150 days, emergency expired January 2, 1989; amended at 12 Ill. Reg. 15101, effective September 16, 1988; emergency amendment at 12 Ill. Reg. 16937, effective October 7, 1988, for a maximum of 150 days; amended at 13 Ill. Reg. 856, effective January 6, 1989; emergency amendment at 13 Ill. Reg. 3108, effective February 28, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 8890, effective May 26, 1989 and January 1, 1990; amended at 13 Ill. Reg. 11717, effective July 14, 1989.

SUBPART B: APPROVED DRUG PRODUCTS FOR DRUG PRODUCT SELECTION

Section 790.420 ACETAMINOPHEN; BUTALBITAL

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Acetaminophen; Butalbital	cap 650mg;50mg cap 325mg;50mg cap 650mg;50mg tab 325mg;50mg tab 325mg;50mg	DM Graham Dunhall Mayrand Danbury Halsey
Brand(s) Bancap Phrenilin Forte Triaprin Phrenilin	cap 325mg;50mg cap 650mg;50mg cap 325mg;50mg tab 325mg;50mg	Forest Carrnrick/GM Carrnrick Dunhall Carrnrick/GM Carrnrick

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.460 ACETAMINOPHEN; BUTALBITAL; CAFFEINE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Acetaminophen; Butalbital; Caffeine	cap 325mg;50mg;40mg tab 325mg;50mg;40mg tab 325mg;50mg;40mg tab 600mg;50mg;40mg tab 325mg;50mg;40mg	Mikart Halsey Mikart Mikart Quantum

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Acetazolamide	tab 250mg tab 250mg tab 250mg tab 250mg tab 125,250mg tab 250mg	(Ascot) Bolar Danbury Lannett Mutual (Vanguard/MMM)
Brand(s) Diamox	tab 125,250mg	Lederle/Am Cyanamid

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Aminophylline	inj 25mg/ml inj 25mg/ml inj 25mg/ml inj 25mg/ml inj 25mg/ml inj 25mg/ml inj 25mg/ml inj 25mg/ml soln, oral 105mg/5ml soln, oral 105mg/5ml soln, oral 105mg/5ml tab 100,200mg tab 100,200mg tab 100,200mg tab 100,200mg tab 100,200mg	Abbott Beecham Bristol/B-M Elkins-Sinn/Robins IMS Luitpold LyphoMed Natcon Solopak Torlgian My-K National Pharm/Barre Pharmaceutical Basics Roxane Cord Duramed Roxane (Vanguard/MMM) West-Ward
Brand(s) Aminophyllin Somophyllin Somophyllin-DF Aminophyllin	inj 25mg/ml soln, oral 105mg/5ml soln, oral 105mg/5ml tab 100,200mg	Searle Fisons Fisons Searle

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.900 AMITRIPTYLINE HYDROCHLORIDE

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DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Amitriptyline Hydrochloride	inj 10mg/ml tab 10,25,50,75,100,150mg tab 10,25,50,75,100mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 25mg tab 10,25,50,75,100mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100mg tab 10,25,50,75,100mg tab 10,25,50,75,100,150mg	Steris Barr Biocraft Chelsea Cord Danbury Lederle/Am Cyanamid Lemmon MD Pharmaceutical Mutual Mylan Pharmaceutical Basics Purepac/Kalipharma Roxane Siddmak Superpharm (Vanguard/MMM) Warner-Chilcott/W-L
Brand(s) Elavil Amitid Amitril Elavil Endep SK-Amitriptyline	inj 10mg/ml tab 10,25,50,75,100mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100,150mg tab 10,25,50,75,100mg tab 10,25,50,75,100,150mg	MSD/Merck Squibb Parke-Davis/W-L MSD/Merck Hoffmann-LaRoche SKF/Rexane

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Ampicillin Sodium	inj inj inj inj inj	Elkins-Sinn/Robins Ibi Spa IMS Lilly Marsam
Brand(s) Omnipen-N Penbritin-S Polycillin-N Totacillin-N	inj inj inj inj	Wyeth/AMHO Ayerst/AMHO Bristol/B-M Beecham

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.1125 ASCORBIC ACID; CYANOCOBALAMIN; FLUORIDE; IRON; NICOTINIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A; VITAMIN D; VITAMIN E

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Ascorbic Acid; Cyanocobalamin; Fluoride; Iron; Nicotinic Acid; Pyridoxine Hydrochloride; Riboflavin; Thiamine Hydrochloride; Vitamin A; Vitamin D; Vitamin E	drops, 35mg;2mcg; 10mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU	National Pharm/Barre
Poly-Vi-Flor with Iron	drops, 35mg;2mcg;0.5mg; 10mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU	Mead Johnson/B-M

This entity was reviewed by the Technical Advisory Council and admitted to the Illinois Formulary as an exception to the promulgated criteria for inclusion, pursuant to Section 790.60.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1127 ASCORBIC ACID; CYANOCOBALAMIN; FLUORIDE; NICOTINIC ACID; PYRIDOXINE HYDROCHLORIDE; RIBOFLAVIN; THIAMINE HYDROCHLORIDE; VITAMIN A; VITAMIN D; VITAMIN E

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Ascorbic Acid; Cyanocobalamin; Fluoride; Nicotinic Acid; Pyridoxine Hydrochloride; Riboflavin; Thiamine Hydrochloride; Vitamin A; Vitamin D; Vitamin E	drops, 35mg;2mcg; 0.25mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU drops, 35mg;2mcg; 0.25mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU drops, 35mg;2mcg; 0.5mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU drops, 35mg;2mcg; 0.5mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU	National Pharm/Barre My-K National Pharm/Barre Pharmaceutical Basics

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Brand(s)		
Poly-Vi-Flor	drops, 35mg;2mcg; 0.25mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU	Mead Johnson/B-M
Poly-Vi-Flor	drops, 35mg;2mcg; 0.5mg;8mg;0.4mg;0.6mg; 0.5mg;1500IU;400IU;5IU	Mead Johnson/B-M

This entity was reviewed by the Technical Advisory Council and admitted to the Illinois Formulary as an exception to the promulgated criteria for inclusion, pursuant to Section 790.60.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1129 ASCORBIC ACID; FLUORIDE; IRON; VITAMIN A; VITAMIN D

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Ascorbic Acid Fluoride; Iron; Vitamin A; Vitamin D	drops, 35mg;0.25mg; 10mg;1500IU;400IU drops, 35mg;0.25mg; 10mg;1500IU;400IU drops, 35mg;0.5mg 10mg;1500IU;400IU drops, 35mg;0.5mg; 10mg;1500IU;400IU	Abbott My-K Pharmaceutical Basics National Pharm/Barre My-K Pharmaceutical Basics

Tri-Vi-Flor with Iron	drops, 35mg;0.25mg; 10mg;1500IU;400IU	Mead Johnson/B-M
Tri-Vi-Flor with Iron	drops, 35mg;0.5mg; 10mg;1500IU;400IU	Mead Johnson/B-M

This entity was reviewed by the Technical Advisory Council and admitted to the Illinois Formulary as an exception to the promulgated criteria for inclusion, pursuant to Section 790.60.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1131 ASCORBIC ACID; FLUORIDE; VITAMIN A; VITAMIN D

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Ascorbic Acid Fluoride; Vitamin A; Vitamin D	drops, 35mg;0.25mg; 1500IU;400IU drops, 35mg;0.25mg; 1500IU;400IU	Abbott My-K Pharmaceutical Basics

Section 790.1685 BRETILUM TOSYLATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Bretylum Tosylate	inj 50mg/ml inj 50mg/ml inj 50mg/ml inj 50mg/ml inj 50mg/ml inj 50mg/ml inj 50mg/ml	Abbott Astra Elkins-Sinn/Robins IMS Luitpold LyphoMed Quad
Brand(s) Bretylol	inj 50mg/ml	Am Crit Care/AHS

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1697 BROMODIPHENHYDRAMINE HYDROCHLORIDE; CODEINE PHOSPHATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Bromodiphenhydramine Hydrochloride; Codeine Phosphate	syr 12.5mg/5ml; 10mg/5ml	Pharmaceutical Basics
Brand(s) Ambenyl Bromanyl Mybanit	syr 12.5mg/5ml; 10mg/5ml syr 12.5mg/5ml; 10mg/5ml syr 12.5mg/5ml; 10mg/5ml	Forest National Pharm/Barre My-K

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1700 BROMPHENIRAMINE MALEATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Brompheniramine Maleate	elix 2mg/5ml elix 2mg/5ml elix 2mg/5ml elix 2mg/5ml inj 10mg/ml tab 4mg tab 4mg tab 4mg tab 4mg tab 4mg tab 4mg	KV Pharmaceutical My-K National Pharm/Barre Pharm Assoc/Beach Pharmaceutical Basics Steris Anabolic Barr Chelsea Cord Danbury Newtron Par

tab 4mg	Phoenix
tab 4mg	Pioneer
tab 4mg	Private Formulations
tab 4mg	Purepac/Kalipharma
tab 4mg	Tablicaps
tab 4mg	Vitarine
tab 4mg	Zenith
elix 2mg/5ml inj 10mg/ml tab 4mg tab 4mg	Robins Robins Robins Lannett

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1706 BROMPHENIRAMINE MALEATE; CODEINE PHOSPHATE; PHENYLPROPANOLAMINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Brompheniramine Maleate; Codeine Phosphate; Phenylpropanolamine Hydrochloride	syr 2mg/5ml; 10mg/5ml 12.5mg/5ml	Pharmaceutical Basics
Brand(s) Bromanate DC Dimetane-DC Myphetane-DG	syr 2mg/5ml; 10mg/5ml syr 2mg/5ml; 10mg/5ml syr 2mg/5ml; 10mg/5ml syr 2mg/5ml; 10mg/5ml 12.5mg/5ml	National Pharm/Barre Robins My-K

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1708 BROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Brompheniramine Maleate; Dextromethorphan Hydrobromide; Pseudoephedrine Hydrochloride	syr 2mg/5ml; 10mg/5ml 30mg/5ml	Pharmaceutical Basics
Brand(s) Bromanate DM	syr 2mg/5ml; 10mg/5ml 30mg/5ml	National Pharm/Barre

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Dimetane-DX syr 2mg/5ml; 10mg/5ml; 30mg/5ml Robins
Myphetane-BX syr 2mg/5ml; 10mg/5ml; 30mg/5ml My-K

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1710 BROMPHENIRAMINE MALEATE; PHENYLPROPANOLAMINE HYDROCHLORIDE
APPLICATION HOLDER,
MANUFACTURER

DRUG DOSAGE FORM, STRENGTH APPLICATION HOLDER,
MANUFACTURER

Brompheniramine Maleate; elix 4mg/5ml; 25mg/5ml National Pharm/Barre
Phenylpropanolamine My-K
Hydrochloride Pharmaceutical Basics

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1740 BUTABARBITAL SODIUM

DRUG DOSAGE FORM, STRENGTH APPLICATION HOLDER,
MANUFACTURER

Butabarbital Sodium elix 30mg/5ml My-K
Pharmaceutical Basics

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.1740 BUTABARBITAL SODIUM

DRUG DOSAGE FORM, STRENGTH APPLICATION HOLDER,
MANUFACTURER

Butabarbital Sodium elix 30mg/5ml My-K
Pharmaceutical Basics

Brand(s) Bundy Chelsea Cord Lannett Lemmon Marshall Pharm Reid-Rowell Towne Paulsen Vitarine West-Ward Zenith

Butabarb Butisol Sodium Butisol Butisol Sodium Sarisol

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.1980 CARISOPRODOL

DRUG DOSAGE FORM, STRENGTH APPLICATION HOLDER,
MANUFACTURER

Carisoprodol tab 350mg Bolar
Chelsea
Danbury
Pioneer
Vitarine

Brand(s) Relat Soma Schering Wallace/C-W

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2097 CEPHALEXIN

DRUG DOSAGE FORM, STRENGTH APPLICATION HOLDER,
MANUFACTURER

Cephalexin cap Atral Labs
Barr
Biocraft
Jerome Stevens
MJ Pharmaceuticals
Novopharm
Purepac/Kalipharma
TAG Pharms
Vitarine
Yoshitomi
Zenith

Brand(s) Keflex Keflet Lilly Lilly

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2500 CHLORPROMAZINE HYDROCHLORIDE

DRUG DOSAGE FORM, STRENGTH APPLICATION HOLDER,
MANUFACTURER

Chlorpromazine conc 100mg/ml My-K
Hydrochloride conc 30, 100mg/ml National Pharm/Barre
Halsey inj 25mg/ml Pharmaceutical Basics
Lemmon inj 25mg/ml ETK Ins-Sinn/Rob Ins
LyphoMed Squibb-Marsam

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injection 25mg/ml
injection 25mg/ml
syrup 10mg/5ml

Brand(s)

Intensol
Sonazine
Thorazine
Thorazine
Sonazine
Thorazine

concentration 30,100mg/ml
concentration 30,100mg/ml
concentration 30,100mg/ml
injection 25mg/ml
syrup 10mg/5ml
syrup 10mg/5ml

Steris
Wyeth/AMHO
National Pharm/Barre

Roxane
Cord
SKF
SKF
Cord
SKF

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2603 CLINDAMYCIN HYDROCHLORIDE

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

DRUG

Clindamycin
Hydrochloride
Brand(s)

capsule 75,150mg

Vitarine

(Source: Added at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2605 CLINDAMYCIN PHOSPHATE

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

DRUG

Clindamycin Phosphate

injection 150mg base/ml
injection 150mg base/ml
injection 150mg base/ml
injection 150mg base/ml
injection 150mg base/ml
injection 150mg base/ml
injection 150mg base/ml
injection 150mg base/ml

Abbott
Eli Lilly-Sinn/Robins
Lederle/Am Cyanamid
Lemmon
Loch Pharms
Lyphomed
Marsam
Quad
Solopak

Brand(s)

Cleocin

injection 150mg base/ml

Upjohn

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2617 CLONIDINE HYDROCHLORIDE

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

DRUG

Clonidine Hydrochloride

tablet 0.1,0.2,0.3mg

American Therapeutics

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tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg
tablet 0.1,0.2,0.3mg

Barr
Biocraft
Bolar
Cord
Danbury
Duramed
Interpharm
Lederle/Am Cyanamid
Mylan
Par
Purepac/Kalipharma
Warner-Chilcott/W-L

Brand(s)

Catapres

tablet 0.1,0.2,0.3mg

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2618 CLORAZEPATE DIPOTASSIUM

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

DRUG

Clorazepate Dipotassium

capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg
capsule 3.75,7.5,15mg

Able
American Therapeutics
Chelsea
Cord
Lederle/Am Cyanamid
Mylan
Pharmaceutical Basics
Purepac/Kalipharma
Quantum
Searle
Warner Chilcott/W-L
Able
American Therapeutics
Lederle/Am Cyanamid
Mylan
Purepac/Kalipharma
Quantum
Warner Chilcott/W-L
Watson

Brand(s)

Gen-Xene
Tranxene

tablet 3.75,7.5,15mg
tablet 3.75,7.5,15mg

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.2663 CODEINE PHOSPHATE; PHENYLEPHRINE HYDROCHLORIDE;
PROMETHAZINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Brand(s)		
Phenergan VC w/Codeine	syr 10mg/5ml; 5mg/5ml; 6.25mg/5ml	Wyeth/AMHO
Pherazine VC w/Codeine	syr 10mg/5ml; 5mg/5ml; 6.25mg/5ml	Halsey
Prometh VC w/Codeine	syr 10mg/5ml; 5mg/5ml; 6.25mg/5ml	National Pharm/Barre
Promethazine VC w/Codeine	syr 10mg/5ml; 5mg/5ml; 6.25mg/5ml	HR Cenci
Promethazine VC w/Codeine	syr 10mg/5ml; 5mg/5ml; 6.25mg/5ml	My-K Pharmaceutical Basics

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2668 CODEINE PHOSPHATE; PROMETHAZINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Brand(s)		
Phenergan w/Codeine	syr 10mg/5ml; 6.25mg/5ml	Wyeth
Prometh w/Codeine	syr 10mg/5ml; 6.25mg/5ml	National Pharm/Barre
Promethazine w/Codeine	syr 10mg/5ml; 6.25mg/5ml	HR Cenci
Promethazine w/Codeine	syr 10mg/5ml; 6.25mg/5ml	My-K Pharmaceutical Basics

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2672 CODEINE PHOSPHATE; PSEUDOEPHEDRINE HYDROCHLORIDE;
TRIPROLIDINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Brand(s)		
Actifed w/Codeine	syr 10mg/5ml; 30mg/5ml; 1.25mg/5ml	Burroughs Wellcome
Histafed C	syr 10mg/5ml; 30mg/5ml; 1.25mg/5ml	Life
Pseudodine C	syr 10mg/5ml; 30mg/5ml; 1.25mg/5ml	My-K Pharmaceutical Basics
Triacin-C	syr 10mg/5ml; 30mg/5ml; 1.25mg/5ml	National Pharm/Barre

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.2700 CORTICOTROPIN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Corticotropin (ACTH)		
Brand(s)		
ACTH Acthar	inj 25,40U/vial inj 40U/vial	Parke-Davis/W-L Steris
	inj 25,40U/vial inj 40U/vial	Parke-Davis/W-L Armour

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2780 CYANOCOBALAMIN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Cyanocobalamin		
	inj 30,100,1000mcg/ml	Dell
	inj 1000mcg/ml	Elkins-Sinn/Robins
	inj 100,1000mcg/ml	Lemmon
	inj 30,1000mcg/ml	Luitpold
	inj 1000mcg/ml	LyphoMed
	inj 1000mcg/ml	Merrell-Dow
	inj 30,1000mcg/ml	Natcon
	inj 1000mcg/ml	Solopak
	inj 100,1000mcg/ml	Steris
	inj 100,1000mcg/ml	Wyeth/AMHO
Brand(s)		
Berubigen	inj 1000mcg/ml	Upjohn
Betalin 12	inj 100,1000mcg/ml	Lilly
Cobavite	inj 100,1000mcg/ml	Lemmon
Dodecamin	inj 1000mcg/ml	Maury
Redisol	inj 1000mcg/ml	MSD/Merck
Rubivite	inj 30,100,1000mcg/ml	Bel-Mar
Rubramin PC	inj 100,1000mcg/ml	Squibb
Ruvite	inj 1000mcg/ml	Altana/Savage
Sytobex	inj 1000mcg/ml	Parke-Davis/W-L
Vi-Twel	inj 1000mcg/ml	Berlex/Schering
Vi-Twel	inj 1000mcg/ml	LyphoMed
	inj 1000mcg/ml	Berlex/Schering

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2800 CYCLACILLIN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Cyclacillin		
	tab 250,500mg	Biocraft

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Brand(s)
Cyclapen W

tab 250,500mg

Wyeth/AMHO

(Source: Added at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2900 CYPROHEPTADINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Cyproheptadine Hydrochloride	syr 2mg/5ml	Halsey
	syr 2mg/5ml	My-K
	syr 2mg/5ml	Naska
	syr 2mg/5ml	National Pharm/Barre Pharmaceutical Basics
	syr 2mg/5ml	(Ascot)
	tab 4mg	Bolar
	tab 4mg	Camall
	tab 4mg	Chelsea
	tab 4mg	Cord
	tab 4mg	Danbury
	tab 4mg	Duramed
	tab 4mg	Halsey
	tab 4mg	KV Pharmaceutical
	tab 4mg	MD Pharmaceutical
	tab 4mg	Mylan
	tab 4mg	Par
	tab 4mg	Pioneer
	tab 4mg	Sidmak
	tab 4mg	Superpharm
	tab 4mg	Zenith

Brand(s)
Periactin

syr 2mg/5ml
tab 4mg

MSD/Merck
MSD/Merck

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.2904 DACARBAZINE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Dacarbazine	inj 100,200mg	LyphoMed
	inj 100,200,500mg	Quad
Brand(s) DTIC-Dome	inj 100,200,500mg	Miles

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.2940 DEXAMETHASONE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Dexamethasone	elix 0.5mg/5ml	Naska
	elix 0.5mg/5ml	National Pharm/Barre Pharmaceutical Basics
	elix 0.5mg/5ml	MSD/Merck
	elix 0.5mg/5ml	Organon/Akzona
	elix-0.5mg/5ml	My-K

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.3023 DEXCHLORPHENIRAMINE MALEATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Dexchlorpheniramine Maleate	syr 2mg/5ml	My-K
	tab 2mg	Pharmaceutical Basics
	tab 2mg	Sidmak
	syr 2mg/5ml	Schering
	tab 2mg	Schering

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.3028 DEXTROMETHORPHAN HYDROBROMIDE; PROMETHAZINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Phenergan w/Dextromethorphan	syr 15mg/5ml; 6.25mg/5ml	Wyeth/AMHO
Pherazine DM	syr 15mg/5ml; 6.25mg/5ml	Halsey
Prometh w/Dextromethorphan	syr 15mg/5ml; 6.25mg/5ml	National Pharm/Barre
Promethazine w/Dextromethorphan	syr 15mg/5ml; 6.25mg/5ml	My-K
		Pharmaceutical Basics

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.3054 DIAZEPAM

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Diazepam	inj 5mg/ml	Abbott

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DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Valium	inj 5mg/ml	Elkins-Sinn/Robins
Q-Pam	inj 5mg/ml	Lederle
Valium	inj 5mg/ml	Lemmon
	inj 5mg/ml	LyphoMed
	inj 5mg/ml	Parke-Davis
	inj 5mg/ml	Steris
	inj 5mg/ml	Barr
	tab 2.5, 10mg	Chelsea
	tab 2.5, 10mg	Cord
	tab 2.5, 10mg	Danbury
	tab 2.5, 10mg	Duramed
	tab 2.5, 10mg	Halsey
	tab 2.5, 10mg	Lederle/Am Cyanamid
	tab 2.5, 10mg	Mylan
	tab 2.5, 10mg	Par
	tab 2.5, 10mg	Parke-Davis/W-L
	tab 2.5, 10mg	Pharmaceutical Basics
	tab 2.5, 10mg	Pioneer
	tab 2.5, 10mg	Purepac/Kalipharma
	tab 2.5, 10mg	Roxane
	tab 2.5, 10mg	Superpharm
	tab 2.5, 10mg	Zenith
Brand(s)		
Valium	inj 5mg/ml	Hoffmann-LaRoche
Q-Pam	tab 2.5, 10mg	Quantum
Valium	tab 2.5, 10mg	Hoffmann-LaRoche

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.3300 DIPHENHYDRAMINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Diphenhydramine Hydrochloride	cap 25, 50mg	Anabolic
	cap 25, 50mg	Barr
	cap 25, 50mg	Bolar
	cap 25, 50mg	Chelsea
	cap 25, 50mg	Cord
	cap 25, 50mg	Danbury
	cap 25, 50mg	Halsey
	cap 50mg	Heather
	cap 25, 50mg	ICN
	cap 25, 50mg	Lannett
	cap 25, 50mg	Lederle/Am Cyanamid
	cap 25, 50mg	Lemmon
	cap 25, 50mg	LNK International
	cap 25, 50mg	MK Laboratories

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DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Mutual	cap 25, 50mg	Elkins-Sinn/Robins
Newtron	cap 25, 50mg	Lederle
Pioneer	cap 25, 50mg	Lemmon
Private Formulations	cap 25, 50mg	LyphoMed
Purepac/Kalipharma	cap 25, 50mg	Parke-Davis
Quantum	cap 25, 50mg	Steris
Richlyn	cap 25, 50mg	Barr
Roxane	cap 50mg	Chelsea
Superpharm	cap 25, 50mg	Cord
Towne Paulsen (Vanguard/MMM)	cap 25, 50mg	Danbury
Vitarine	cap 25, 50mg	Duramed
West-Ward	cap 50mg	Halsey
Zenith	cap 25, 50mg	Lederle/Am Cyanamid
C.M. Bundy	elix 12.5mg/5ml	Mylan
KV Pharmaceutical	elix 12.5mg/5ml	Par
Lannett	elix 12.5mg/5ml	Parke-Davis/W-L
Lederle/Am Cyanamid	elix 12.5mg/5ml	Pharmaceutical Basics
Life	elix 12.5mg/5ml	Pioneer
MK Laboratories	elix 12.5mg/5ml	Purepac/Kalipharma
Naska	elix 12.5mg/5ml	Roxane
Pharm Assoc/Beach	elix 12.5mg/5ml	Superpharm
Private Formulations	elix 12.5mg/5ml	Zenith
Purepac/Kalipharma	elix 12.5mg/5ml	Hoffmann-LaRoche
Roxane	elix 12.5mg/5ml	Quantum
Bel-Mar	inj 10mg/ml	Hoffmann-LaRoche
Bristol	inj 10mg/ml	
Elkins-Sinn/Robins	inj 50mg/ml	
IMS	inj 50mg/ml	
Lemmon	inj 10mg/ml	
LyphoMed	inj 50mg/ml	
Steris	inj 10, 50mg/ml	
Wyeth/AMHO	inj 50mg/ml	
Parke-Davis/W-L	cap 25, 50mg	Brand(s)
Halsey	elix 12.5mg/5ml	Benadryl
Parke-Davis/W-L	elix 12.5mg/5ml	Belix
HR Cenci	elix 12.5mg/5ml	Benadryl
My-K	elix 12.5mg/5ml	Dibenil
National Pharm/Barre	elix 12.5mg/5ml	Biphen
Parke-Davis/W-L	inj 10, 50mg/ml	Hydramine
		Benadryl

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.3315 DISOPYRAMIDE PHOSPHATE

DRUG	DOSAGE FORM, STRENGTH	MANUFACTURER
Disopyramide Phosphate	cap eq 100,150mg base	Barr
	cap eq 100,150mg base	Biocraft
	cap eq 100,150mg base	Bolar
	cap eq 100,150mg base	Chelsea
	cap eq 100,150mg base	Cord
	cap eq 100,150mg base	Danbury
	cap eq 100,150mg base	Interpharm
	cap eq 100,150mg base	Mylan
	cap eq 100,150mg base	Superpharm
	cap eq 100,150mg base	Zenith
	cap, controlled release eq 100,150mg base	K-V Pharmaceuticals
	Brand(s)	
	Norpace	Searle
	Norpace-CR	Searle

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.3340 DOXEPIIN HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	MANUFACTURER
Doxepin Hydrochloride	cap eq 25,50,75,100mg base	Barr
	cap eq 10,25,50,75, 100,150mg base	Chelsea
	cap eq 10,25,50,75,100mg base	Cord
	cap eq 10,25,50,75,100mg base	Danbury
	cap eq 10,25,50,75, 100,150mg base	Lederle/Am Cyanamid
	cap eq 10,25,50,75, 100mg base	Mylan
	cap eq 10,25,50,75, 100,150mg base	Par
	cap eq 75,100,150mg base	Purepac/Kalipharma
	cap eq 10,25,50,75mg base conc eq 10mg base/ml conc eq 10mg base/ml	Quantum Copley My-K
		Pharmaceutical Basics

Brand(s)	cap eq 10,25,50,75, 100,150mg base cap eq 10,25,50,75, 100mg base	Pennwalt Pfizer
Adapin		
Sinequan		

((Source: Amended at 13 III. Reg. 11717, effective July 14, 1989)

Section 790.3420	DOXYCYCLINE HYCLATE	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
DRUG			
Doxycycline Hyclate	cap		Barr
	cap		Chelsea
	cap		Danbury
	cap		Halsey
	cap		Heather
	cap		Interpharm
	cap		Mutual
	cap		Mylan
	cap		Par
	cap		Parke-Davis/W-L
	cap		Private Formulations
	cap		Purepac/Kalipharma
	cap		Superpharm
	cap		West-Ward
	cap		Vitarine
	cap		Zenith
	inj eq 100,200mg base/vial		Ben Venue
	inj eq 100,200mg base/vial		Elkins-Sinn
	inj eq 100,200mg base/vial		Quad
	tab		Barr
	tab		Chelsea
	tab		Danbury
	tab		Heather
	tab		Interpharm
	tab		Medicopharma
	tab		Mutual
	tab		Mylan
	tab		Parke-Davis/W-L
	tab		Superpharm
	tab		Zenith
Brand(s)			
Doxyl-Lemmon	cap		Lemmon
Doxychel Hyclate	cap		Rachelle
Vibramycin	cap		Pfizer
Doryx	cap, coated pellets		Faulding

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DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Doryx	cap, coated pellets	Parke-Davis/W-L
Doxylamine Hydrochloride	inj eq 100,200mg base/vial	Lyphomed
Vibramycin	inj eq 100mg base/vial	Rachelle Pfizer
Doxylamine Hydrochloride	tab	Leimmon
Doxylamine Hydrochloride	tab	Rachelle Pfizer
Vibra-Tabs	tab	
(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)		
Section 790.3437 DROPERIDOL		
DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Droperidol	inj 2.5mg/ml	Abbott
	inj 2.5mg/ml	Astra
	inj 2.5mg/ml	DuPont Critical Care
	inj 2.5mg/ml	Luitpold
	inj 2.5mg/ml	Lyphomed
	inj 2.5mg/ml	Quad
	inj 2.5mg/ml	Sotopak
Inapsine	inj 2.5mg/ml	Janssen
(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)		
Section 790.3492 EPINEPHRINE; LIDOCAINE HYDROCHLORIDE		
DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Epinephrine; Lidocaine Hydrochloride	inj 0.005mg/ml; 1%	Abbott
	inj 0.005mg/ml; 1.5%	Abbott
	inj 0.005mg/ml; 2%	Abbott
	inj 0.01mg/ml; 1%	Abbott
	inj 0.01mg/ml; 2%	Astra
	inj 0.01mg/ml; 1%	Bel-Mar
	inj 0.01mg/ml; 2%	Bel-Mar
	inj 0.01mg/ml; 1%	Dell
	inj 0.01mg/ml; 2%	Dell
	inj 0.01mg/ml; 1%	Elkins-Sinn/Robins
	inj 0.01mg/ml; 2%	Elkins-Sinn/Robins
	inj 0.01mg/ml; 1%	Graham
	inj 0.02mg/ml; 2%	Graham
	inj 0.01mg/ml; 1%	IMS
	inj 0.01mg/ml; 1%	Leimmon
	inj 0.01mg/ml; 1%	Steris
	inj 0.01mg/ml; 2%	Steris

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DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Erythromycin	cap, enteric coated pellets 250mg	Abbott
	oint, ophth 5mg/gm	Altana/Fougera/Pharmaderm
	oint, ophth 5mg/gm	Pharmafair
	soln, top 2%	Lilly
	soln, top 2%	Naska
	soln, top 1.5, 2%	National Pharm/Barte
	soln, top 2%	Pharmaceutical Basics
	soln, top 1.5, 2%	Pharmafair
	cap, enteric coated pellets 250mg	Parke-Davis/W-L
	oint, ophth 5mg/gm	Lilly/Dista
	soln, top 2%	Hoechst-Roussel
	soln, top 2%	Syosset
	soln, top 2%	Paddock
	soln, top 2%	Abbott
	soln, top 2%	Herbert/Allergan
	soln, top 2%	My-K
	soln, top 2%	Owen
	soln, top 1.5%	Westwood
	soln, top 2%	Westwood
	swab 2%	Ortho
	tab, enteric coated 250, 335mg	Westwood Boots

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Brand(s)		
Fluocet	cream 0.01, 0.025%	NMC
Fluonid	cream 0.01, 0.025%	Herbert/Allergan
Fluotrex	cream 0.025%	Altana/Savage
Synalar	cream 0.01, 0.025%	Syntex
Synamol	cream 0.025%	Syntex
Fluonid	oint 0.025%	Herbert/Allergan
Fluotrex	oint 0.025%	Altana/Savage
Synalar	oint 0.025%	Syntex
Fluonid	soln 0.01%	Herbert/Allergan
Fluotrex	soln 0.01%	Altana/Savage
Synalar	soln 0.01%	Syntex

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4012 FLUPHENAZINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
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Fluphenazine Hydrochloride

inj 2.5mg/ml	LyphoMed
inj 2.5mg/ml	Quad
tab 1, 2.5, 5, 10mg	Bolar
tab 1, 2.5, 5, 10mg	Cord
tab 1, 2.5, 5, 10mg	Mylan
tab 1, 2.5, 5, 10mg	Par

Brand(s)

Permitil	conc 5mg/ml	Schering
Prolixin	conc 5mg/ml	Squibb
Prolixin	inj 2.5mg/ml	Squibb
Prolixin	tab 1, 2.5, 5, 10mg	Squibb

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4040 FLURAZEPAM HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
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Flurazepam Hydrochloride

cap 15, 30mg	Barr
cap 15, 30mg	Danbury
cap 15, 30mg	Halsey
cap 15, 30mg	Mylan
cap 15, 30mg	Par
cap 15, 30mg	Parke-Davis/W-L
cap 15, 30mg	Pharmaceutical Basics
cap 15, 30mg	Purepac
cap 15, 30mg	Superpharm
cap 15, 30mg	West-Ward

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Brand(s)		
Dalmane	cap 15, 30mg	Hoffmann-LaRoche

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4100 FUROSEMIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
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Furosemide

inj 10mg/ml	Abbott
inj 10mg/ml	Astra
inj 10mg/ml	Elkins-Sinn/Rob fns
inj 10mg/ml	IMS
inj 10mg/ml	Luitpold
inj 10mg/ml	LyphoMed
inj 10mg/ml	Organon/Akzona
inj 10mg/ml	Parke-Davis/W-L
inj 10mg/ml	Solopak
inj 10mg/ml	Steris
inj 10mg/ml	Sterling
inj 10mg/ml	Warner Chilcott
inj 10mg/ml	Wyeth/AMHO
soln, oral 10mg/ml	Pharmaceutical Basics
soln, oral 10mg/ml	Roxane
tab 20, 40, 80mg	Barr
tab 20, 40, 80mg	Chelsea
tab 20, 40mg	Cord
tab 20, 40, 80mg	Danbury
tab 20, 40mg	IMS
tab 20, 40mg	Kalapharm
tab 20, 40, 80mg	Lederle/Am Cyanamid
tab 20, 40, 80mg	Mylan
tab 20, 40, 80mg	Parke-Davis/W-L
tab 20, 40, 80mg	Roxane
tab 20, 40mg	Superpharm
tab 40mg	Vitarine
tab 20, 40, 80mg	Watson
tab 20, 40mg	Zenith
inj 10mg/ml	Hoechst-Roussel
soln, oral 10mg/ml	Hoechst-Roussel
soln, oral 10mg/ml	My-K
tab 20, 40, 80mg	Hoechst-Roussel

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section	790.4540.	HOMATROPINE	METHYLBROMIDE;	HYDROCODONE	BITARTRATE	APPLICATION HOLDER,
DRUG						MANUFACTURER
			DOSEAGE FORM	STRENGTH		

DRUG	DOSAGE FORM, STRENGTH	MANUFACTURER
<u>Homatropine Methyl- Bromide; Hydrocodone Bitartrate</u>	<u> syr 1.5mg/5ml; 5mg/5ml</u>	<u>Pharmaceutical Basics</u>
<u>Brand(s)</u>		
Hycodan	syr 1.5mg/5ml; 5mg/5ml	DuPont
Hydrocodone Compound	syr 1.5mg/5ml; 5mg/5ml	National Pharm/Barre
Hydropane	syr 1.5mg/5ml; 5mg/5ml	Halsey
Mycedone	syr-1.5mg/5ml; 5mg/5ml	My-K
Hycodan	tab 1.5mg, 5mg	DuPont
Tussigon	tab 1.5mg; 5mg	Daniels

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4660 HYDROCHLOROTHIAZIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Hydrochlorothiazide	soln 50mg/5ml	Pharmaceutical Basics
	<u>soln 50mg/5ml</u>	Roxane
	tab 25, 50mg	(Ascot)
	tab 25, 50, 100mg	Barr
	tab 25, 50, 100mg	Bolar
	tab 25, 50mg	Boots
	tab 25, 50mg	Camall
	tab 25, 50, 100mg	Chelsea
	tab 25, 50mg	Cord
	tab 50mg	Danbury
	tab 50mg	Heather
	tab 25, 50mg	Inwood/Forest
	tab 25, 50, 100mg	Lederle/Am Cyanamid
	tab 25, 50mg	Lemmon
	tab 25, 50mg	MM Mast
	tab 25, 50mg	Mylan
	tab 25, 50mg	Pharmaceutical Basics
	tab 25, 50mg	Private Formulations
	tab 25, 50mg	Purepac/Kalipharma
	tab 50mg	Quantum
	tab 25mg	Reid-Rowell
	tab 25, 50, 100mg	Richlyn
	tab 25, 50mg	Roxane
	tab 25, 50, 100mg	Superpharm
	tab 25, 50, 100mg	Towne Paulsen
	tab 25, 50, 100mg	(Vanguard/MMM)
	tab 25, 50mg	Vitarine
	tab 25, 50mg	

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4398 HALOPERIDOL LACTATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Haloperidol Lactate	conc eq 2mg base/ml	Lemmon
	conc eq 2mg base/ml	National Pharm/Barre
	conc eq 2mg base/ml	Pharmaceutical Basics
	conc eq 2mg base/ml	Roxane
	conc eq 2mg base/ml	Searle
	inj eq 5mg base/ml	Lemmon
	inj eq 5mg base/ml	LynphoMed
	inj eq 5mg base/ml	Quad
	inj eq 5mg base/ml	SoloPak
Brand(s)		
Haldol	conc eq 2mg base/ml	McNeil
Hyperidol	conc-eq-2mg-base/ml	My-k
Haldol	inj eq 5mg base/ml	McNeil

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Brand(s)		West-Ward Zenith
Esidrix	tab 25,50mg	
Hydro-D	tab 25,50,100mg	
HydroD1URIL		
Oretic	tab 25,50,100mg	
Thiuretic	tab 25,50mg	
Zide	tab 50mg	

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4670 HYDROCHLOROTHIAZIDE; METHYLDOPA

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Hydrochlorothiazide; Methyldopa	tab 15mg;250mg	Bolar
	tab 25mg;250mg	Bolar
	tab 30mg;500mg	Bolar
	tab 50mg;500mg	Bolar
	tab 15mg;250mg	Cord
	tab 25mg;250mg	Cord
	tab 30mg;500mg	Cord
	tab 50mg;500mg	Cord
	tab 15mg;250mg	Invamed
	tab 25mg;250mg	Invamed
	tab 15mg;250mg	Mylan
	tab 25mg;250mg	Mylan
	tab 15mg;250mg	Novopharm
	tab 25mg;250mg	Novopharm
	tab 30mg;500mg	Novopharm
	tab 50mg;500mg	Novopharm
	tab 15mg;250mg	Par
	tab 25mg;250mg	Par
	tab 30mg;500mg	Par
	tab 50mg;500mg	Par
	tab 15mg;250mg	Parke-Davis/W-L
	tab 25mg;250mg	Parke-Davis/W-L
	tab 30mg;500mg	Parke-Davis/W-L
	tab 50mg;500mg	Parke-Davis/W-L
	tab 15mg;250mg	Purepac/Kalipharma
	tab 25mg;250mg	Purepac/Kalipharma
	tab 30mg;500mg	Purepac/Kalipharma
	tab 50mg;500mg	Purepac/Kalipharma
	tab 15mg;250mg	Watson
	tab 25mg;250mg	Watson
	tab 30mg;500mg	Watson

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Brand(s)		Watson Zenith
Aldoril 15	tab 50mg;500mg	
Aldoril 25	tab 15mg;250mg	
Aldoril D30	tab 25mg;250mg	
Aldoril D50	tab 30mg;500mg	
	tab 50mg;500mg	
	tab 15mg;250mg	MSD/Merck
	tab 25mg;250mg	MSD/Merck
	tab 30mg;500mg	MSD/Merck
	tab 50mg;500mg	MSD/Merck

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.4740 HYDROCORTISONE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Hydrocortisone	cream 0.5,1%	Altana
	cream 1,2.5%	Ambix/Organics
	cream 0.5,1,2.5%	Biocraft
	cream 0.5,1,2.5%	Clay-Park
	cream 2.5%	Fougera/Pharmaderm/Altana
	cream 1%	G & W Lab
	cream 0.5,1%	Ingram
	cream 1%	Lemmon
	cream 1,2,5%	My-k
	cream 1,2.5%	Naska
	cream 1,2.5%	Pharmaceutical Basics
	cream 1%	Pharmaderm/Altana
	cream 0.5,1%	Pharmafair
	cream 0.5,1,2.5%	Stanlabs/Simpak
	cream 1%	Thames Paulsen
	lotion 0.5,1%	Clay-Park
	lotion 0.5%	Mericon
	lotion 1%	Naska
	lotion 0.5,1%	National Pharm/Barre
	lotion 1%	Thames
	oint 0.5,1%	Altana
	oint 1,2.5%	Ambix/Organics
	oint 1%	Carolina Medical
	oint 0.5,1,2.5%	Clay-Park
	oint 1,2,5%	My-k
	oint 1%	Naska
	oint 1,2.5%	Pharmaceutical Basics
	oint 1%	Pharmaderm/Altana

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Brand(s)	oint 0.5,1,2.5%	Thames
Ala-Cort	cream 1%	Del-Ray
Cort-Dome	cream 0.5,1%	Miles
Dermacort	cream 1%	Reid-Rowell
Dermatol HC	cream 1%	Thames
Flexicort	cream 0.5,1,2.5%	Westwood
H Cort	cream 0.5	Pharm Assoc/Beach
HC	cream 0.5,1%	C & M
HC #1	cream 0.5%	Miles
HC #4	cream 1%	Miles
HiCor	cream 2.5%	C & M
Hydrotex	cream 0.5,1%	Syosett
Hymac	cream 1%	NMC
Hytone	cream 1,2.5%	Dermik/Rorer
Nutracort	cream 0.5,1%	Owen/Derm
Penecort	cream 1,2.5%	Herbert/Allergan
Proctocort	cream 0.5%	Reid-Rowell
Synacort	cream 0.5,1,2.5%	Syntex
Nutracort	gel 1%	Owen/Derm
Penecort	gel 1%	Herbert/Allergan
Acticort	lotion 1%	Key
Ala-Cort	lotion 1%	Del-Ray
Balneol-HC	lotion 1%	Reid-Rowell
Beta-HC	lotion 1%	Beta Dermaceuticals
Cetacort	lotion 0.5,1%	Owen/Derm
Cort-Dome	lotion 0.5,1%	Miles
Dermacort	lotion 0.5,1%	Reid-Rowell
Epicort	lotion 0.5%	Bluline
Glycort	lotion 1%	Heran
H Cort	lotion 0.5%	Pharm Assoc/Beach
Hytone	lotion 1,2.5%	Dermik/Rorer
Nutracort	lotion 0.5,1,2.5%	Owen/Derm
Stie-Cort	lotion 1,2.5%	Stiefel
Texacort	lotion 1%	Coopercare
Cortril	oint 1,2.5%	Pfipharmecs/Pfizer
HC	oint 0.5,1%	C & M
Hymac	oint 1%	NMC
Hytone	oint 1,2.5%	Dermik/Rorer
Penecort	oint 2.5%	Herbert/Allergan

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.5140 HYDROXYZYNE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Hydroxyzine Hydrochloride		
	inj 50mg/ml	Abbott
	inj 25,50mg/ml	Altana
	inj 25,50mg/ml	Elkins-Sinn/Robins
	inj 25,50mg/ml	Lemmon
	inj 25,50mg/ml	Lyphomed
	inj 25,50mg/ml	Natcon
	inj 25,50mg/ml	Pharmafair
	inj 25,50mg/ml	Solopak
	inj 25,50mg/ml	Steris
	inj 25,50mg/ml	Winthrop-Breon/Sterling
	inj 25,50mg/ml	Wyeth/AMHO
	inj 25,50mg/ml	KV Pharmaceutical
	syr 10mg/5ml	My-K
	syr 10mg/5ml	Naska
	syr 10mg/5ml	National Pharm/Barre
	syr 10mg/5ml	Pharmaceutical Basics
	tab 10,25,50mg	Amide
	tab 10,25,50,100mg	Barr
	tab 10,25,50mg	Chelsea
	tab 10,25,50mg	Cord
	tab 10,25,50mg	Danbury
	tab 10,25,50mg	Halsey
	tab 10,25,50,100mg	KV Pharmaceutical
	tab 10,25,50mg	Mutual
	tab 10,25,50mg	Par
	tab 10,25,50mg	Pharmaceutical Basics
	tab 10,25,50mg	Purepac/Kalipharma
	tab 10,25,50mg	Quantum
	tab 10,25,50mg	Sidmak
	tab 10,25,50mg	Superpharm
	tab 10,25,50mg	Vitarine
	tab 10,25,50mg	Zenith
	inj 25,50mg/ml	Organon/Akzona
	inj 25,50mg/ml	Pfizer
	syr 10mg/5ml	Roerig/Pfizer
	tab 10,25,50,100mg	Roerig/Pfizer

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.5220 IBUPROFEN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Ibuprofen	tab 400,600,800mg	Barr
	tab 300,400,600,800mg	Chelsea
	tab 300,400,600,800mg	Cord
	tab 400,600,800mg	Danbury
	tab 300,400,600,800mg	Halsey
	tab 400,600,800mg	Interpharm
	tab 400,600,800mg	Invamed
	tab 400,600mg	Lederle/Am Cyanamid
	tab 400,600mg	McNeil Consumer
	tab 400mg	Medicopharma
	tab 300,400,600,800mg	Mutual
	tab 400,600,800mg	Mylan
	tab 300,400,600,800mg	Par
	tab 300,400,600,800mg	Private Formulations
	tab 300,400,600,800mg	Purepac/Kalipharma
Brand(s)	tab 400,600,800mg	Sidmak
	tab 400,600,800mg	Superpharm
	tab 400,600,800mg	Alra
	tab 400	Ofim
	tab 400,600,800mg	Lucchem
Ibu-Tab	tab 300,400,600,800mg	Upjohn
	tab 400,600,800mg	Boots
	tab 400,600,800mg	
Ibuprofen	tab 400,600,800mg	
Ifen	tab 400,600,800mg	
Motrin	tab 400,600,800mg	
Rufen	tab 400,600,800mg	

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5312 INDOMETHACIN

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Indomethacin	cap 25,50mg	Barr
	cap 25,50mg	Bolar
	cap 25,50mg	Chelsea
	cap 25,50mg	Cord
	cap 25,50mg	Duramed
	cap 25,50mg	Halsey
	cap 25,50mg	Lederle
	cap 25,50mg	Mutual
	cap 25,50mg	Mylan
	cap 25,50mg	Novopharm
	cap 25,50mg	Par
	cap 25,50mg	Parke-Davis/W-L
	cap 25,50mg	Pioneer
	cap 25,50mg	
	cap 25,50mg	

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Section 790.5220 ISONIAZID

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Isoniazid	inj 100mg/ml	Quad
	inj 50mg/5ml	Carolina Medical
	tab 100mg	Anabolic
	tab 100,300mg	Barr
	tab 100,300mg	Bolar
	tab 100,300mg	Chelsea
	tab 300mg	Ciba/Ciba-Geigy
	tab 50,100,300mg	Danbury
	tab 300mg	Dow
	tab 100,300mg	Duramed
	tab 50,100,300mg	Halsey
	tab 100,300mg	Lilly
	tab 100mg	MK Laboratories
	tab 50,100,300mg	Panray/Ormont
Brand(s)	tab 100mg	Pharmavite
	tab 50,100mg	Phoenix
	tab 50,100mg	Purepac/Kalipharma
	tab 100mg	Richlyn
	tab 100mg	Towne Paulsen
	tab 100,300mg	Vitarine
	tab 100,300mg	West-Ward
	tab 100mg	Zenith
	inj 100mg/ml	Squibb
	inj 50mg/5ml	Lannett
	inj 50mg/5ml	Hoffmann-LaRoche
	tab 100,300mg	Mallinckrodt

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Laniazid
Stanozidetab 50,100,300mg
tab 100,300mgLannett
Stanlabs/Simpak

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5483 ISOSORBIDE DINITRATE

DRUG

Isosorbide Dinitrate

DOSAGE FORM, STRENGTH

tab, oral 5,10,20,30mg
tab, oral 5,10,20mg
tab, oral 5,10mg
tab, oral 5,10,20,30mg
tab, oral 5,10,20mg
tab, oral 5,10,20mg
tab, oral 5,10,20mg
tab, sub 10mg
tab, sub 2.5,5mg
tab, sub 2.5,5mg
tab, sub 2.5,5mg

Brand(s)

Isordil
IsordilAPPLICATION HOLDER,
MANUFACTURERBarr
Cord
Danbury
Par
Superpharm
West Ward
Barr
Cord
Danbury
West WardWyeth/AMHO
Wyeth/AMHO

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5540 LACTULOSE

DRUG

Lactulose

DOSAGE FORM, STRENGTH

syr 10gm/15ml
syr 10gm/15ml
syr 10gm/15ml

Brand(s)

Cephulac
Cholac
Chronolac
Constilac
Constulose
Enulose
GenerlacAPPLICATION HOLDER,
MANUFACTURERKali Duphar
Pharmaceutical Basics
Roxane
Merrell-Dow
Alra
Merrell-Dow
Alra
National Pharm/Barre
National Pharm/Barre
Pharmaceutical Basics

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.5544 LEUCOVORIN CALCIUM

DRUG

Leucovorin Calcium

DOSAGE FORM, STRENGTH

inj eq 3mg base/ml
inj eq 3mg base/ml
inj eq 5mg base/ml
inj eq 5mg base/ml
inj eq 50,100mg base/vial
inj eq 50mg base/vial
inj eq 50mg base/vial
inj eq 50,100mg base/vial
inj eq 50mg base/vial
inj eq 50,100mg base/vial
tab eq 5,25mg base
tab eq 5,25mg base

Brand(s)

Wellcovorin

Burroughs Wellcome

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5620 LIDOCAINE HYDROCHLORIDE

DRUG

Lidocaine Hydrochloride

DOSAGE FORM, STRENGTH

inj 0.5,1,1.5,2,4,10,20%
inj 1,2%
inj 1,2%
inj 1,2%
inj 1,2%
inj 0.5,1,2,4%
inj 2%
inj 1,2,4,20%
inj 1,2%
inj 1,2%
inj 1,2%
inj 1,1.5,2,4,20%
inj 1,2%
inj 1,2%
inj 1,2%
jelly 2%
soln, top 4%
soln, viscous 2%
soln, viscous 2%
soln, viscous 2%APPLICATION HOLDER,
MANUFACTURERAbbott
Bel Mar
Bristol
Cutter
Dell
Elkins-Sinn
Graham
IMS
Lemmon
Luitpold
Lyphomed
Maurry
Steris
Wyeth
IMS
Pharmaceutical Basics
TMS
National Pharm/Barre
Pharmaceutical Basics
Roxane

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Brand(s)		Carlisle
Alphacaine	inj 2%	Astra
Xylocaine	jelly 2%	My-K
Myteaine	soln, top-4%	Astra
Xylocaine	soln, top 4%	My-K
Myteaine	soln, viscous-2%	Astra
Xylocaine	soln, viscous 2%	

Product labelled for intracardiac use may not be interchanged.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5660 LINDANE

(GAMMA BENZENE HEXACHLORIDE)

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Lindane	lotion 1%	My-K National Pharm/Barre Pharmaceutical Basics
	lotion 1%	My-K National Pharm/Barre Pharmaceutical Basics
	shampoo 1%	My-K National Pharm/Barre Pharmaceutical Basics
	shampoo 1%	My-K National Pharm/Barre Pharmaceutical Basics
	lotion 1%	Barnes-Hind Reed & Carnrick Stiefel
	lotion 1%	Barnes-Hind Reed & Carnrick Stiefel
	shampoo 1%	Barnes-Hind Reed & Carnrick Stiefel
	shampoo 1%	Barnes-Hind Reed & Carnrick Stiefel

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5780 LITHIUM CITRATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Lithium Citrate	sy (eq 300mg carbonate/5ml)	My-K Pharmaceutical Basics Roxane
	sy (eq 300mg carbonate/5ml)	My-K Pharmaceutical Basics Roxane
	sy (eq 300mg carbonate/5ml)	My-K Pharmaceutical Basics Roxane
	sy (eq 300mg carbonate/5ml)	My-K Pharmaceutical Basics Roxane

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.5807 MAPROTIILINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Maprotiline Hydrochloride	tab 25,50,75mg tab 25,50,75mg tab 25,50,75mg	American Therapeutics Bolar Mylan Watson
Brand(s) Ludiomil	tab 25,50,75mg	Ciba/Geigy

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5924 MESTRANOL; NORETHINDRONE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Mestranol; Norethindrone Brand(s)	tab 0.05mg; 1mg	Watson
Genora 1/50	tab 0.05mg; 1mg	Syntex
Norinyl 1/50	tab 0.05mg; 1mg	Syntex
Norethin 1/50M	tab 0.05mg; 1mg	Searle
Ortho-Novum 1/50	tab 0.05mg; 1mg	Ortho
Norinyl 1/80	tab 0.08mg; 1mg	Syntex
Ortho-Novum 1/80	tab 0.08mg; 1mg	Ortho

Note: 21 day packs may not be interchanged with 28 day packs.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.5940 METAPROTERENOL SULFATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Metaproterenol Sulfate	soln for inh 0.4, 0.6% soln for inh 0.33, 0.4, 0.5 0-6, 5%	Armour Pharmaceutical Dey Labs
	soln for inh 0.4, 0.6%	Paco Research My-K
	soln for inh 5%	Pharmaceutical Basics My-K
	sy 10mg/5ml	Pharmaceutical Basics Par
	tab 10, 20mg	Pharmaceutical Basics Par
	tab 10, 20mg	Pharmaceutical Basics Par

Brand(s) Alupent Dey-Dose Dey-Lute Alupent Metrol Alupent*	soln for inh 0.4, 0.6, 5% soln for inh 5% soln for inh 0.6% syr 10mg/5ml syr 10mg/5ml tab 10, 20mg	Boehringer Ingelheim Dey Labs Dey Labs Boehringer Ingelheim Muro Boehringer Ingelheim		
*Products manufactured by this brand name manufacturer in this drug entity are available for drug product selection under other brand and/or generic names. (Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)				
Section 790.5992 METHADONE HYDROCHLORIDE				
DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER		
Methadone HCl	oral conc 10mg/ml tab 5, 10mg	Roxane Roxane		
Brand(s) Dolophine	tab 5, 10mg	Lilly		

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.6180 METHOTREXATE SODIUM				
DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER		
Methotrexate Sodium	inj eq 25mg base/ml inj eq 25mg base/ml inj eq 25mg base/ml inj eq 2.5, 25mg base/ml inj eq 20, 50, 100mg base/vial inj eq 2.5, 25mg base/ml inj eq 20, 50, 100mg base/vial inj eq 25mg base/ml inj eq 25mg base/ml inj eq 20, 50, 100, 250mg base/vial	Adria Ben Venue IMS Lederle/Am Cyanamid Lederle/Am Cyanamid Lyphomed Lyphomed Pharmachemie Quad Quad		
Brand(s) Abitrexate Abitrexate Folex	inj eq 25mg base/ml inj eq 50, 100, 250mg base/vial inj eq 50, 100, 250mg base/vial	International Pharm International Pharm Adria		

Mexate Mexate-AQ	inj eq 20, 50, 100, 250mg base/vial inj eq 25mg base/ml	Bristol/B-M Bristol/B-M		
(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)				
Section 790.6260 METHYLCLOTHIAZIDE				
DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER		
Methyclothiazide	tab 2.5, 5mg tab 2.5, 5mg tab 2.5, 5mg tab 5mg tab 2.5, 5mg tab 5mg tab 2.5, 5mg	Bolar Chelsea Cord Mylan Par Pharmaceutical Basics Zenith		
Brand(s) Aquatensen Enduron	tab 5mg tab 2.5, 5mg	Wallace/C-W Abbott		

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.6275 METHYLDOPA				
DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER		
Methyldopa	tab 125, 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 250, 500mg tab 125, 250, 500mg tab 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 125, 250, 500mg tab 250, 500mg	Barr Bolar Chelsea Cord Danbury Duramed Halsey Lederle/Am Cyanamid Mylan Novopharm Par Parke-Davis/W-L Purepac/Kalipharma Roxane Sidmak Zenith		
Brand(s) Aldomet	tab 125, 250, 500mg	MSD/Merck		

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Brand(s)
Ditropan

tab 5mg Marion

(Source: Added at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.6980 PENICILLIN G POTASSIUM

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

Penicillin G Potassium

inj Lilly
inj Parke-Davis/W-L
inj Marsam
inj Squibb
pwr for susp Biocraft
pwr for susp Mylan
pwr for susp Purepac/Kalipharma
tab Biocraft
tab Mylan
tab Purepac/Kalipharma
tab Wyeth/AMHO
tab Zenith
tab Lilly/Dista

Brand(s)

Pfizerpen
Pentids
Pfizerpen-G
Pentids
Pfizerpen-G

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.7223 PHENYLEPHRINE HYDROCHLORIDE; PROMETHAZINE HYDROCHLORIDE

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

Phenylephrine
Hydrochloride;
Promethazine
Hydrochloride

syr 5mg/5ml; 6.25mg/5ml

Phenergan VC
Pherazine VC
Prometh VC Plain
Promethazine VC

syr 5mg/5ml; 6.25mg/5ml
syr 5mg/5ml; 6.25mg/5ml
syr 5mg/5ml; 6.25mg/5ml
syr 5mg/5ml; 6.25mg/5ml

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.7280 POTASSIUM CHLORIDE

APPLICATION HOLDER,
MANUFACTURER

DOSAGE FORM, STRENGTH

Potassium Chloride

inj 1, 2mEq/ml Abbott
inj 1, 2, 3, 4mEq/ml Cutter
inj 2mEq/ml Elkins-Sinn/Robins
inj 2mEq/ml IMS
inj 1, 2, 3, 4mEq/ml Kendall McGaw
inj 2, 3mEq/ml Lemmon
inj 2mEq/ml Lilly
inj 2, 3mEq/ml Lyphomed
inj 2mEq/ml Maurry
inj 2mEq/ml Natcon
inj 2, 3mEq/ml Searle
inj 2mEq/ml Steris
inj 2mEq/ml Torigan
inj 2mEq/ml Travenol
inj 2mEq/ml Naska
soln 1500mg/15ml Naska
(20mEq/15ml, 10%)
soln 3000mg/15ml Naska
(40mEq/15ml, 20%)
soln 1500mg/15ml Naska
(20mEq/15ml, 10%)
soln 1500mg/15ml Naska
(20mEq/15ml, 10%)
soln 1500mg/15ml Naska
(20mEq/15ml, 10%)
soln 3000mg/15ml Naska
(40mEq/15ml, 20%)
tab, extended release 8mEq (600mg) Naska

(sugar free)

(sugar free)

(sugar free)

(sugar free)

Brand(s)

Cena-K

(sugar free)

EM-K-10%

(sugar free)

Kaochlor 10%

Kaochlor SF

Kay Ciel

(sugar free)

Klor-10%

(sugar free)

Klorvess 10%

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

(sugar free)

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Potachlor-10%	soln-1500mg/15ml --(20mEq/15ml,10%)	My-K
Potachlor-10% -(sugar-free)	soln-1500mg/15ml --(20mEq/15ml,10%)	My-K
Potachlor (sugar free)	soln 1500mg/15ml (20mEq/15ml,10%)	Adria
Kaon-CT 20% (sugar free)	soln 3000mg/15ml (40mEq/15ml,20%)	Adria
Klor-Con 20%	soln 3000mg/15ml (40mEq/15ml,20%)	Upsher-Smith
Potachlor-20%	soln-3000mg/15ml (40mEq/15ml,20%)	My-K
Slow-K	tab, extended release 8mEq (600mg)	Ciba/Geigy

Products containing sugar shall not be interchanged with sugar free products without verification of the diabetic status of the patient.

The oral Potassium Chloride solutions were reviewed by the Technical Advisory Council and admitted to the Illinois Formulary as an exception to the promulgated criteria for inclusion, pursuant to Section 790.60.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.7288 POTASSIUM GLUCONATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Potassium Gluconate	elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%) elix 4.68gm/15ml (20mEq/15ml,10%)	National Pharm/Barre My-K Naska Newton Pharm Assoc Pharmaceutical Basics SteriMed Adria
Brand(s) Kaon 10%	elix 4.68gm/15ml (20mEq/15ml,10%)	

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This entity was reviewed by the Technical Advisory Council and admitted to the Illinois Formulary as an exception to the promulgated criteria for inclusion, pursuant to Section 790.60.

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.7400 PREDNISONE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Prednisone	oral soln 5mg/5ml oral soln 5mg/5ml tab 5,10,20mg tab 5,10,20mg tab 5,20mg tab 5,10,20mg tab 5,10,20mg tab 5,10,20mg tab 5,10,20mg tab 5,20mg tab 5,10,20mg tab 1,2.5,5,10,20,25,50mg tab 5,10,20mg tab 10mg tab 5,10,20,50mg oral soln 5mg/5ml tab 5,10,20,50mg tab 1,5,10,20,50mg	Pharmaceutical Basics Roxane American Therapeutics Barr Cord Danbury Duramed Interpharm Mutual Private Formulations Purepac Roxane Superpharm Towne-Paulsen West-Ward Upjohn Upjohn Reid-Rowell

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.7540 PROCHLORPERAZINE EDISYLATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Prochlorperazine Edisylate	eeee-eq-10mg-base/ml conc eq 10mg base/ml conc eq 10mg base/ml inj eq 5mg base/ml inj eq 5mg base/ml inj eq 5mg base/ml inj eq 5mg base/ml inj eq 5mg base/ml syr-eq-5mg-base/5ml syr eq 5mg base/5ml	My-K National Pharm/Barre Pharmaceutical Basics ETKins-Simm/Robins Quad Solopak Steris Sterling Wyeth/AMHO My-K National Pharm/Barre Pharmaceutical Basics

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Brand(s)	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER	Brand(s)	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Compazine	conc eq 10mg base/ml	SKF	Darvon	cap 32,65mg	Private Formulations
Compazine	inj eq 5mg base/ml	SKF	Dolene	cap 65mg	Purepac/Kalipharma
Compazine	syr eq 5mg base/5ml	SKF	Kesso-Gesic	cap 65mg	Richlyn
			Propylene	cap 32,65mg	Roxane
			SK-66	cap 65mg	Towne Paulsen
				cap 32,65mg	West-Ward
				cap 32,65mg	Zenith
				cap 32,65mg	Lilly
				cap 65mg	Lederle/Am Cyanamid
				cap 65mg	MK Laboratories
				cap 65mg	Halsey
				cap-65mg	SKF

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.7700 PROMETHAZINE HYDROCHLORIDE

Section 790.7828 PROPRANOLOL HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER	DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Promethazine Hydrochloride	inj 25,50mg/ml	Carter-Glogau	Propranolol Hydrochloride	inj 1mg/ml	Solopak
	inj 25,50mg/ml	Elkins-Sinn/Robins		tab 10,20,40,60,80mg	Barr
	inj 25,50mg/ml	Knoll Pharmaceutical		tab 10,20,40,60,80mg	Bolar
	inj 25,50mg/ml	Lemmon		tab 10,20,40,60,80mg	Chelsea
	inj 25,50mg/ml	Marsam		tab 10,20,40,60,80mg	Cord
	inj 25,50mg/ml	Maurry Biological		tab 10,20,40,60,80,90mg	Danbury
	inj 25,50mg/ml	Winthrop/Sterling		tab 10,20,40,60,80,90mg	Duramed
	syr 6.25mg/5ml, 25mg/5ml	KV Pharmaceutical		tab 10,20,40,80mg	Interpharm
	syr 6.25mg/5ml	Life		tab 10,20,40,60,80,90mg	Invamed
	syr 6.25mg/5ml	My-K		tab 10,20,40,60,80,90mg	Lederle/Am Cyanamid
	syr 6.25mg/5ml	Pharm Assoc/Beach		tab 10,20,40mg	Lemmon
	syr 6.25mg/5ml	Pharmaceutical Basics		tab 10,20,40,60,80mg	Martec
	syr 6.25mg/5ml	Towne Paulsen		tab 10,20,40,60,80,90mg	Mylan
				tab 10,20,40,60,80mg	Par
				tab 10,20,40,60,80mg	Parke-Davis/W-L
				tab 10,20,40,60,80,90mg	Purepac/Kalipharma
				tab 10,20,40,60,80,90mg	Roxane
				tab 10,20,40,60,80,90mg	Sidmak
				tab 10,20,40,60,80,90mg	Sterling
				tab 10,20,40,80mg	Superpharm
				tab 10,20,40,60,80,90mg	Watson
				tab 10,20,40,60,80mg	Zenith
				inj 1mg/ml	Ayerst/AMHO
				tab 10,20,40,60,80,90mg	Ayerst/AMHO

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Brand(s)	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER	Brand(s)	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Propoxyphene Hydrochloride	cap 65mg	Anabolic	Inderal	inj 1mg/ml	Ayerst/AMHO
	cap 65mg	Barr	Inderal	tab 10,20,40,60,80,90mg	Ayerst/AMHO
	cap 65mg	Chelsea			
	cap 65mg	Cord			
	cap 65mg	Danbury			
	cap 65mg	ICN			
	cap 65mg	Lemmon			
	cap 32,65mg	Mylan			
	cap 32,65mg	Parke-Davis/W-L			

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.7700 PROMETHAZINE HYDROCHLORIDE

Section 790.7828 PROPRANOLOL HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER	DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Propoxyphene Hydrochloride	cap 65mg	Anabolic	Propranolol Hydrochloride	inj 1mg/ml	Solopak
	cap 65mg	Barr		tab 10,20,40,60,80mg	Barr
	cap 65mg	Chelsea		tab 10,20,40,60,80mg	Bolar
	cap 65mg	Cord		tab 10,20,40,60,80mg	Chelsea
	cap 65mg	Danbury		tab 10,20,40,60,80mg	Cord
	cap 65mg	ICN		tab 10,20,40,60,80,90mg	Danbury
	cap 65mg	Lemmon		tab 10,20,40,60,80,90mg	Duramed
	cap 32,65mg	Mylan		tab 10,20,40,80mg	Interpharm
	cap 32,65mg	Parke-Davis/W-L		tab 10,20,40,60,80,90mg	Invamed
				tab 10,20,40,60,80,90mg	Lederle/Am Cyanamid
				tab 10,20,40mg	Lemmon
				tab 10,20,40,60,80mg	Martec
				tab 10,20,40,60,80,90mg	Mylan
				tab 10,20,40,60,80mg	Par
				tab 10,20,40,60,80mg	Parke-Davis/W-L
				tab 10,20,40,60,80,90mg	Purepac/Kalipharma
				tab 10,20,40,60,80,90mg	Roxane
				tab 10,20,40,60,80,90mg	Sidmak
				tab 10,20,40,60,80,90mg	Sterling
				tab 10,20,40,80mg	Superpharm
				tab 10,20,40,60,80,90mg	Watson
				tab 10,20,40,60,80mg	Zenith
				inj 1mg/ml	Ayerst/AMHO
				tab 10,20,40,60,80,90mg	Ayerst/AMHO

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.8020 QUINIDINE SULFATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Quinidine Sulfate	cap 200mg	Lilly
	tab 200mg	Barr
	tab 200mg	Beecham
	tab 200mg	Bell
	tab 200mg	Chelsea
	tab 200,300mg	Cord
	tab 100,200,300mg	Danbury
	tab 200mg	First Texas/Scherer
	tab 200mg	Halsey
	tab 200mg	ICN
	tab 200mg	KV Pharmaceutical
	tab 200mg	Lannett
	tab 200mg	Lederle/Am Cyanamid
	tab 200mg	Lilly
	tab 200mg	Parke-Davis/W-L
	tab 200mg	Pharmaceutical Basics
	tab 200mg	Pharmavite
	tab 200mg	Phoenix
	tab 200mg	Private Formulations
	tab 200mg	Purepac/Kalipharma
	tab 200mg	Quantum
	tab 200mg	Richlyn
	tab 200mg	Roxane
	tab 200,300mg	Stanlabs/Simpak
	tab 200mg	Superpharm
	tab 200mg	Towne Paulsen
	tab 200mg	(Vanguard/MMM)
	tab 200,300mg	Vitarine
	tab 200mg	West-Ward
	tab 200mg	Zenith
	cap 200mg	Reid-Rowell
	tab 100,300mg	Reid-Rowell
	tab 200,300mg	Key

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8140 SELENIUM SULFIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Selenium Sulfide	lotion/shampoo-2.5%	My-K
	lotion/shampoo 2.5%	National Pharm/Barre

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Brand(s)	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Exsel	lotion/shampoo 2.5%	Pharmaceutical Basics
Selsun	lotion/shampoo 2.5%	Syosset
	lotion/shampoo 2.5%	Thames
	lotion/shampoo 2.5%	Herbert/Allergan
	lotion/shampoo 2.5%	Abbott

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8248 SODIUM NITROPRUSSIDE (Repealed)

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
	inj-50mg/vial	Abbott

(Source: Repealed at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8260 SODIUM POLYSTYRENE SULFONATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Sodium Polystyrene Sulfonate	powder, oral-rectal 453.6gm bottle	My-K
	susp, oral-rectal 15gm/60ml	Pharmaceutical Basics
	susp, oral-rectal 15gm/60ml	Carolina Medical
	susp, oral-rectal 15gm/60ml	My-K
	susp, oral-rectal 15gm/60ml	Pharmaceutical Basics
	susp, oral-rectal 15gm/60ml	KOXANE

Brand(s)
Kayexalate

powder, oral-rectal
453.6gm bottle

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8420 SULFACETAMIDE SODIUM

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Sodium Sulfacetamide	ointment, ophthalmic 10%	Fougera/Altana
	solution, ophthalmic 10%, 30%	Barnes-Hind
	solution, ophthalmic 10%, 15%, 30%	Maurry
	solution, ophthalmic 10%, 30%	Steris
	ointment, ophthalmic 10%	Allergan
	ointment, ophthalmic 10%	Alcon

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DRUG	DOSAGE FORM, STRENGTH	APPLICATOR HOLDER, MANUFACTURER
Sodium Sulamyd		
Sulfair 10	oint, ophth 10%	Schering
Bleph-10	oint, ophth 10%	Pharmafair
Bleph-30	soln, ophth 10%	Allergan
Isopto Cetamide	soln, ophth 30%	Alcon
Ocusulf-10	soln, ophth 15%	Optotics
Ocusulf-30	soln, ophth 10%	Optotics
Sodium Sulamyd	soln, ophth 10%, 30%	Schering
Sulf-10	soln, ophth 10%	Iolab
Sulfacel-15	soln, ophth 10%	Optotics
Sulfair-10	soln, ophth 15%	Pharmafair
Sulfair-15	soln, ophth 15%	Pharmafair
Sulfair Forte	soln, ophth 30%	Pharmafair
Sulten-10	soln, ophth 10%	Muro
(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)		
Section 790.8580 SULFAMETHOXAZOLE; TRIMETHOPRIM		
DRUG	DOSAGE FORM, STRENGTH	APPLICATOR HOLDER, MANUFACTURER
Sulfamethoxazole; Trimethoprim		
	inj 80mg/ml; 16mg/ml	Elkins-Sinn/Robins
	inj 80mg/ml; 16mg/ml	Lemmon
	inj 80mg/ml; 16mg/ml	Lypholled
	susp 200mg/5ml; 40mg/5ml	Pharmaceutical Basics
	susp 200mg/5ml; 40mg/5ml	Plantex
	tab 400mg; 80mg	Barr
	tab 800mg; 160mg	Barr
	tab 400mg; 80mg	Chelsea
	tab 800mg; 160mg	Chelsea
	tab 400mg; 80mg	Cord
	tab 800mg; 160mg	Cord
	tab 400mg; 80mg	Danbury
	tab 800mg; 160mg	Danbury
	tab 400mg; 80mg	Heather
	tab 800mg; 160mg	Heather
	tab 400mg; 80mg	Interpharm
	tab 800mg; 160mg	Interpharm
	tab 400mg; 80mg	Mutual
	tab 800mg; 160mg	Mutual
	tab 400mg; 80mg	Par
	tab 800mg; 160mg	Par
	tab 400mg; 80mg	Pharmaceutical Basics
	tab 800mg; 160mg	Pharmaceutical Basics
	tab 400mg; 80mg	Plantex
	tab 800mg; 160mg	Plantex
	tab 400mg; 80mg	Sidmak

DRUG	DOSAGE FORM, STRENGTH	APPLICATOR HOLDER, MANUFACTURER
Bactrim	inj 80mg/ml; 16mg/ml	Hoffmann-LaRoche
Septtra	inj 80mg/ml; 16mg/ml	Burroughs Wellcome
Sulfamethoprim	inj 80mg/ml; 16mg/ml	Quadr
Bactrim	susp 200mg/5ml; 40mg/5ml	Hoffmann-LaRoche
Septtra	susp 200mg/5ml; 40mg/5ml	Burroughs Wellcome
SMZ-TMP	susp 200mg/5ml; 40mg/5ml	Biocraft
Sulfatrim	susp 200mg/5ml; 40mg/5ml	National Pharm/Barre
Sulfameprim	susp-200mg/5ml; 40mg/5ml	My-k
Trimeth/Sulfa	susp 200mg/5ml; 40mg/5ml	Alaska
Bactrim	tab 400mg; 80mg	Hoffmann-LaRoche
Cotrim DS	tab 800mg; 160mg	Hoffmann-LaRoche
Cotrim	tab 400mg; 800mg	Lemmon
Cotrim-DS	tab 800mg; 160mg	Lemmon
Septtra	tab 400mg; 80mg	Burroughs Wellcome
Septtra DS	tab 800mg; 160mg	Burroughs Wellcome
SMZ-TMP	tab 400mg; 80mg	Biocraft
SMZ-TMP	tab 800mg; 160mg	Biocraft
Sulfamethoprim	tab 400mg; 80mg	Par
Sulfamethoprim-DS	tab 800mg; 160mg	Par
Sulfatrim DS	tab 400mg; 80mg	Superpharm
Sulfatrim SS	tab 800mg; 160mg	Superpharm
Uroplus SS	tab 400mg; 80mg	Shionagi USA
Uroplus DS	tab 800mg; 160mg	Shionagi USA
(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)		
Section 790.8700 SULFISOXAZOLE		
DRUG	DOSAGE FORM, STRENGTH	APPLICATOR HOLDER, MANUFACTURER
Sulfisoxazole	tab 500mg	Barr
	tab 500mg	Cord
	tab 500mg	Heather
	tab 500mg	ICN
	tab 500mg	Lannett
	tab 500mg	Lederle/Am Cyanamid
	tab 500mg	Purepac/Kalipharma
	tab 500mg	Richlyn
	tab 500mg	Roxane
	tab 500mg	West-Ward
	tab 500mg	Zenith
Gantrisin	tab 500mg	Hoffmann-LaRoche

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SK-Sexazete
Sosol
Sulfalar
Sulsoxin

SKF
MK Laboratories
Parke-Davis/W-L
Reid-Rowell

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8724 TEMAZEPAM

[illegible]

Temazepam

cap	15, 30mg
cap	15, 30mg
cap	15, 30mg
cap	15, 30mg
cap	15, 30mg
cap	15, 30mg
cap	15, 30mg
cap	15, 30mg

**APPLICATION HOLDER,
MANUFACTURER**

Barr
Bolar
Cord
Duramed
Mylan
Par
Pharmace
Purepac/

Brand(s)	Formulation	Strength	Manufacturer
Temaz	Tablets	15 mg	Tempra Pharmaceuticals
Restoril	Tablets	15 mg	Restoril Pharmaceuticals

Brand(s)
Achromycin V
Bristacycline
Cyclopar
Panmycin
Retet
Robitet
Sumycin
Tetrachel
Tetracyn
Achromycin
Tetracyn

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8740 TESTOSTERONE CYPIONATE

[illegible]

Testosterone Cypionate	inj 100,200mg/ml
	inj 100,200mg/ml
	<u>inj 100,200mg/ml</u>

Depo-Testosteron
Brand(s)

Brand(s)	inj 100,200mg/ml
Depo-Testosterone	

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8900 TETRACYCLINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH
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Tetracycline
Hydrochloride

Atrial Labs
Barr
Boots
Chelsea
Danbury
Halsey

APPLICATION HOLDER, MANUFACTURER	
Bell	National Pharm/Barre
Halsey	Pharm Assoc/Beach
Life	Pharmaceutical Basic
My-k	Roxane
Naska	Thames
	Roxane
	National Pharm/Barre
	National Pharm/Barre

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.8940 THEOPHYLLINE

DRUG **DOSAGE FORM, STRENGTH**

elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
elix 80mg/15ml
soln 80mg/15ml
syr 80mg/15ml
syr 150mg/15ml

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Brand(s)		HR Cenci
Elixomin	elix 80mg/15ml	Berlex
Elixophyllin	elix 80mg/15ml	Lannett
Lanophyllin	elix 80mg/15ml	Panray/Ormont
Theolixir	elix 80mg/15ml	Riker/3-M
Theolair	soln 80mg/15ml	Merrell-Dow
Accurbron	syr 150mg/15ml	Ferndale
Aquaphyllin	syr 80mg/15ml	Rorer
Slo-Phyllin-80	syr 80mg/15ml	Central
Theoclear-80	syr 80mg/15ml	

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9020 THIORIDAZINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Thioridazine Hydrochloride	conc 30,100mg/ml	Copley
	conc 30,100mg/ml	Cord
	conc 30,100mg/ml	My-K
	conc 30,100mg/ml	National Pharm/Barre
	conc 30,100mg/ml	Pharmaceutical Basics
	conc 30,100mg/ml	Roxane
	tab 10,15,25,50,100,150,200mg	Barr
	tab 10,100mg	Biocraft
	tab 10,15,25,50,100,150,200mg	Bolar
	tab 10,15,25,50,100,200mg	Chelsea
	tab 10,15,25,50,100,150,200mg	Cord
	tab 10,15,25,50,100,150,200mg	Danbury
	tab 10,25,50,100mg	Mutual
	tab 10,25,50,100mg	Mylian
	tab 10,15,25,50,100,150,200mg	Par
	tab 10,25,50,100mg	Roxane
	tab 10,25,50mg	Superpharm
	tab 10,15,25,50mg	West-Ward
	tab 10,15,25,50,100mg	Zenith
Brand(s)		
Mellariil	conc 30,100mg/ml	Sandoz
Mellariil	tab 10,15,25,50,100,150,200mg	Sandoz

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.9060 TOLBUTAMIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Tolbutamide	tab 500mg	(Ascot)
	tab 500mg	Banmax Pharm
	tab 500mg	Barr
	tab 250,500mg	Bolar
	tab 500mg	Chelsea
	tab 500mg	Cord
	tab 500mg	Danbury
	tab 500mg	Lederle/Am Cyanamid
	tab 500mg	Mylian
	tab 500mg	Parke Davis/W-L
	tab 500mg	Purepac/Kalipharma
	tab 500mg	Superpharm
	tab 500mg	(Vanguard/MWM)
	tab 500mg	Vitarine
	tab 500mg	Zenith
Brand(s)		
Orinase	tab 250,500mg	Upjohn
SK-Tolbutamide	tab 500mg	SKF

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9084 TRAZODONE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Trazodone Hydrochloride	tab 50,100mg	American Therapeutics
	tab 50,100mg	Barr
	tab 50,100mg	Bolar
	tab 50,100mg	Chelsea
	tab 50,100mg	Danbury
	tab 50,100mg	Pharmaceutical Basics
	tab 50,100mg	Purepac/Kalipharma
	tab 50,100mg	Quantum
	tab 50,100,150mg	Sidmak
Brand(s)		
Desyrel	tab 50,100,150mg	Mead Johnson/B-M
Trazene	tab 50,100,150mg	Sidmak

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.9100 TRIAMCINOLONE ACETONIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Triamcinolone Acetonide	cream 0.025, 0.1, 0.5%	Altana
	cream 0.025%	Ambix
	cream 0.025, 0.1, 0.5%	Clay-Park
	cream 0.025, 0.1, 0.5%	My-K
		Pharmaceutical Basics
	cream 0.025, 0.1, 0.5%	Pharmafair
	cream 0.025, 0.1, 0.5%	Thames
	cream 0.025, 0.1, 0.5%	My-K
	cream 0.025, 0.1, 0.5%	National Pharm/Barre
	lotion 0.025, 0.1%	Pharmaceutical Basics
	lotion 0.025, 0.1%	Thames
	Totion 0.1%	Altana
	oint 0.025, 0.1, 0.5%	Clay-Park
	oint 0.025, 0.1, 0.5%	My-K
	oint 0.025, 0.1, 0.5%	Pharmaceutical Basics
Triamcinolone Acetonide	oint 0.025, 0.1%	Pharmaderm/Altana
	oint 0.1%	Thames
	paste, dental 0.1%	Thames
	cream 0.025, 0.1, 0.5%	Lederle/Am Cyanamid
	cream 0.025, 0.1, 0.5%	Syosset
	cream 0.025, 0.1, 0.5%	NMC
	cream 0.025, 0.1, 0.5%	Squibb
	cream 0.025, 0.1, 0.5%	Lemmon
	cream 0.1%	Reid-Rowell
	cream 0.1%	Del-Ray
	cream 0.025, 0.1, 0.5%	Altana/Savage
	cream, hydrophilic 0.025, 0.1, 0.5%	Lederle/Am Cyanamid
	cream, hydrophilic 0.1%	Squibb
	lotion 0.025, 0.1%	Squibb
Triamcinolone Acetonide	oint 0.1, 0.5%	Lederle/Am Cyanamid
	oint 0.1, 0.5%	NMC
	oint 0.1%	Squibb
	oint 0.025, 0.1, 0.5%	Savage/Altana
	oint 0.025, 0.1%	Lederle/Am Cyanamid
	oint, hydrophilic 0.1, 0.5%	Squibb
	paste, dental 0.1%	Taro
	paste, dental 0.1%	

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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Section 790.9140 TRIFLUOPERAZINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Trifluoperazine Hydrochloride	conc eq 10mg base/ml	My-K
	inj 2mg/ml	Pharmaceutical Basics
	tab 1, 2, 5, 10mg base	Quad
	tab 1, 2, 5, 10mg base	Bolar
	tab 1, 2, 5, 10mg base	Duramed
	tab 1, 2, 5, 10mg base	Zenith

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9220 TRIMEPRAZINE TARTRATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Trimeprazine Tartrate		

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9320 TRIMIPRAMINE MALEATE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Trimipramine Maleate		

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9380 TRIPROLIDINE HYDROCHLORIDE

DRUG	DOSAGE FORM, STRENGTH	APPLICATION HOLDER, MANUFACTURER
Triprolidine Hydrochloride		

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

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1) Heading of the Part:
Illinois Water Well Construction Code

2) Code Citation:

77 Ill. Adm. Code 920

3) Section Numbers:

920.30
920.50
920.70
920.80
920.90
920.120
920.130
920.150
920.160

Adopted Action:

Amendment
Amendment
Amendment
Amendment
Amendment
Amendment
New Section
New Section

4) Statutory Authority:

Illinois Water Well Construction Code
Ill. Rev. Stat. 1987, ch. 111 1/2, par. 116.111 et seq. and Public Act
85-1225, effective August 30, 1988

5) Effective Date of Rules:

July 1, 1989

6) Does this Rulemaking Contain an Automatic Repeal Date? Yes ___ No X

If "yes," please specify date:

7) Does this Rulemaking Contain Any Incorporations by Reference? Yes X No ___

If "yes," please specify type: 6.02(a) X or 6.02(b) ___

If "6.02(b)," was a copy of the approval form issued by the Joint Committee attached to this rulemaking? Yes ___ No ___

8) Date Filed in Agency's Principal Office:

July 1, 1989

9) Date Notice(s) of Proposal was Published in Illinois Register:

12 Ill. Reg. 17233 - October 28, 1988

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Pharm Assoc/Beach
Pharmaceutical Basics
Danbury
Vitarine
My-K

Brand(s)
Bavidyl

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9475 VALPROATE SODIUM

DRUG DOSAGE FORM, STRENGTH

Valproate Sodium
Brand(s)
Depakene
Hyproate-Acid

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

Section 790.9486 VANCOMYCIN HYDROCHLORIDE

DRUG DOSAGE FORM, STRENGTH

Vancomycin Hydrochloride
Brand(s)
Lyphocin
Vancocin
Vancoled

(Source: Amended at 13 Ill. Reg. 11717, effective July 14, 1989)

es No X

A) Statement of Objection: _____, Ill. Reg. _____

B) Agency Response: , Ill. Reg. _____

C) Date Agency Response Submitted for Approval to the Joint Committee:

The following changes were made in response to comments received during the first notice or public comment period:

There were no changes during the first notice period.

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

In Section 920.80(c), the language "If the contractor can verify that pump installation using a pitless adaptor is scheduled to be done within seven calendar days, the earth backfill may terminate one foot below the frost level" will be replaced with "If a pitless adaptor is scheduled to be installed within seven calendar days, the earth backfill may terminate one foot below the frost level."

In Section 920.130(f)(2), the language "Federal National Interim Primary Drinking Water Regulations (40 CFR 141, 1987. . .), or in" shall be deleted.

1. In the Notice of Adopted Amendments, the Department will add "et seq." to the citation to authority.
2. In the Authority Note, a parenthesis will be added to the end.
3. In Section 920.120(a), the subparagraphs will be labeled 1 and 2.

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

The Department has made all the changes to which it agreed with the Joint Committee.

13) Will the Rules Replace an Emergency Rule Currently in Effect?

Yes No X

14) Are there any other Amendments Pending on this Part? Yes _____ No X

If Yes:

Section Numbers

Proposed Action

III. Reg. Citation

15) Summary and Purpose of Rules:

In Section 920.30, the amendment would require that when a variance is given by the Department for the location of a water well that a sample of the water must be submitted to the laboratory to assure that the water is safe for drinking.

In Sections 920.70, 920.80, and 920.90, the amendments clarify requirements for extending and backfilling water well casing, and the amendments would require the pump installer to backfill around the casing when he has performed the excavation in order to prevent contamination.

In Section 920.50 and 920.120, the amendments incorporate changes requested by the Joint Committee on Rules.

In Section 920.130, the amendment requires the location of abandoned water wells to be shown on water well permit applications. This is necessary to assure that abandoned wells are sealed prior to the construction of a new water well.

In Section 920.150, the rule establishes criteria which a health department must meet in order to be approved by the Department for the purposes of performing inspections of water wells.

In Section 920.160, the rule specifies the information which an approved unit of local government must submit to the Department when a water well permit is issued. This will allow the Department to keep a complete inventory of all new potable water wells constructed.

The legislative amendment and rule would allow a unit of local government with an approved ordinance to issue water well permits within their jurisdiction in lieu of the Department. A \$75 fee is charged for each water well permit issued by the Department. These fees are deposited into the Public Health Water Permit Fund which is used to conduct water well and groundwater activities.

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Where a unit of local government has an approved ordinance, the Department would no longer collect those permit fees. Instead such fees would be collected and used by the unit of local government. It is estimated that the number of water wells constructed within the jurisdiction of units of local government or counties which currently issue water well permits is approximately 800 annually. This would result in an annual loss of revenue to the Department of \$60,000. However, approved local governments would receive this revenue. Should more local governments pass ordinances and become approved, additional revenue would be lost by the Department and gained by local governments.

- 16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER V: WATER AND SEWAGE

PART 920

ILLINOIS WATER WELL CONSTRUCTION CODE

SECTION
920.10
920.15
920.20
920.30
920.40
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920.60
920.70
920.80
920.90
920.100
920.110
920.120
920.130
920.140
920.150
920.160

Definitions
Incorporated Materials
Scope
General Requirements
Design Factors
Location
Drilled Wells in Unconsolidated Formations
Drilled Well Construction in Consolidated Formations
Special Type Wells
Construction Materials and Other Requirements
Finishing and Testing
Modification of Wells
Abandoned Wells
Permit Requirements
Administrative Hearings
Designation of Agents of the Department
Issuance of Water Well Permits by Units of Local Government
Casing and Liner Pipe Weights and Dimensions
Plastic Casing and Liner Pipe Specifications
Unconsolidated Formations with Non-Stable Overburden
Unconsolidated Formations with Stable Overburden
Gravel Wall Construction
Aquifer Below Creviced Formations
Creviced Formations
Bored or Dug Well - Well Not Finished With Buried Slab
Bored or Dug Well - Buried Slab Construction

TABLE A

ILLUSTRATION A
ILLUSTRATION B
ILLUSTRATION C
ILLUSTRATION D
ILLUSTRATION E
ILLUSTRATION F
ILLUSTRATION G

AUTHORITY: Implementing and authorized by the Illinois Water Well Construction Code (Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 116.111 et seq., as amended by Public Act 85-1225, effective August 30, 1988).

SOURCE: Adopted September 12, 1973; amended at 2 Ill. Reg. 42, p. 35, effective October 16, 1978; rules repealed, new rules adopted and codified at 7 Ill. Reg. 9633, effective August 1, 1983; amended at 12 Ill. Reg. 2990, effective January 13, 1988; amended at 13 Ill. Reg. 11796, effective July 1, 1989.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE OR PARAPHRASE THEREOF.

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Section 920.30 General Requirements

- a) Authorized Constructor. Water wells subject to this Part shall be constructed only by persons having a valid license under the Illinois Water Well and Pump Installation Contractor's License Act (Ill. Rev. Stat. 1985, 1987 ch. 111, pars. 7101 et seq.) unless exempt under provisions of that Act.

- b) Reports. Within 30 days after a water well has been constructed or modified, the contractor shall submit a report of construction to the Department on such forms as are prescribed and furnished by the Department.

c) Variance.

- 1) If conditions exist at a proposed installation site which preclude compliance with the requirements of this Part, the contractor may request a variance by submitting to the Department a written request outlining a specific proposal to be used in lieu of compliance with this Part. The request shall include a plot plan of the property showing lot size, the location of sewers, septic tanks, buildings, seepage fields, and other sources of contamination on the property and adjacent property with distances shown to the proposed well. A description of geological and soil conditions shall also be included. The Department will notify the applicant in writing of its decision either to grant or deny the variance. A variance shall be requested and approved before well construction begins.

- 2) After a well has been drilled for which a variance has been issued, the contractor shall submit two water samples to the Department laboratory for analysis after the well is completed. one sample to The first sample shall be submitted within 30 days; and the second sample shall be submitted within 60 days following completion of the well but not less than 30 days following collection of the first sample after construction of the well is completed. The Department shall approve the variance if the proposal is in accord with accepted public health and sanitary engineering principle and practices, and if the resulting water well pump installation can be expected to provide a continuously safe and sanitary water supply.

- 3) Examples of location problems which would preclude compliance with this Part would be the proposed location of a well too close to septic tanks, buildings, sewer lines, or barnyards.

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- 4) Examples of public health and engineering principles that would be considered in issuing a variance would be ground surface conditions, depth of the water table, the location of sources of contamination, the ability of the existing soil to remove bacteria, and geologic conditions.

(Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)

Section 920.50 Location

- a) General. In establishing the location of a well, the constructor shall give consideration to sources of contamination which exist on or adjacent to the premises where the well is to be located. As far as possible, the well shall be located on ground which is higher than sources of contamination and shall have ready access for repairs, maintenance, treatment and inspection. All water wells, except monitoring wells, shall be located in accordance with the minimum distances in Section 920.50(b) and shall be constructed in accordance with the requirements of this Part.

- b) Relation to Sources of Contamination. Determination of minimum lateral distances to locate a well from potential sources of contamination, involves evaluation of the character and location of the sources of contamination, types of geologic formations present, depth to the aquifer, direction of ground water flow, effect on the ground water movement by well pumping and possibilities of flooding of the site by surface waters. Based on practice and experience, accepted minimum lateral distances for some common sources of pollution with respect to a well have been established. The lack of specific distances for other possible sources of contamination such as streams, refuse disposal sites, excavations, waste treatment facilities, buried oil and gasoline storage tanks, improperly constructed wells and cisterns, does not minimize their potential hazards. These must be evaluated in each particular situation and a distance arrived at based on the pertinent facts. The Department may be called on for assistance in determining a proper distance.

- 1) The following minimum lateral distances shall apply for the common sources of contamination listed:

MINIMUM LATERAL DISTANCES FOR CLAY AND LOAM SOILS	
SOURCES OF CONTAMINATION	
Cess Pools	150 Feet
Leaching Pit	100 Feet
Pit Privy	75 Feet

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Subsurface Seepage Tile	75 Feet
Manure Piles	75 Feet
Septic Tank	50 Feet
Barnyard	50 Feet
Sewers (Non-cast-iron) (non-perforated) A well or suction piping may be located to within 10 feet of a sewer provided the sewer consists of cast iron pipe with water tight mechanical joints or schedule 40 PVC pipe or heavier with water tight joints.	50 Feet
Sewers (Cast-iron-with-watertight leaded-or-mechanical-joints)	10-Feet
Sewers (Schedule-40-or-heavier plastic-pipe-with-solvent cemented-or-elastomeric seal-joints)-Pipe-is-solid-pipe not-perforated.	10-Feet
Footing Drains (No connection to a sewer or a sump handling sewage)	10 Feet
Pump House Floor Drain	2 Feet
Lakes, Ponds, or Streams	25 Feet

- 2) When the upper formations are more pervious, the lateral distances shall be increased (i.e. double the distance for highly pervious gravel formations.)
- 3) Prohibitions. Beginning January 8, 1988, no new non-community, semi-private or private water system well may be located within 200 feet of any potential primary or potential secondary source or any potential route, unless some other distance is allowed or required in Section 920.50 (b)(1). Where the owner is the same for both the well and a potential secondary source or a potential route, the well shall be no closer than 75 feet from the potential route or potential secondary source, unless allowed some other distance is allowed or required in Section

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920.50(b)(1).

- 4) Where the owner of a potable well is the same owner of a potential primary source, potential secondary source, or a potential route, the Department shall allow a variance to the minimum separation distances required between a potable well and a potential primary source, potential secondary source or a potential route if a demonstration is provided by the owner of the potable water well that applicable protective measures will be utilized to minimize the potential for contamination of the well, and if the resulting well installation can be expected to provide a continuously safe and sanitary water supply in compliance with the Act, this Part and the Department's Drinking Water Systems Code (77 Ill. Adm. Code 900). Applicable protective measures may include ensuring sources of contamination are down grade from the water source or isolation of the potential source of contamination in such a manner as to prevent a route of contamination of the ground water, or isolating the potential source of contamination to prevent accidental introduction of contaminants into ground water. In order to obtain a variance the owner must comply with Section 920.30(c). (Section 6(a) of the Act).
- c) Flood Water. Locations subject to flooding shall be avoided. If no reasonable alternate site exists, wells may be constructed in flood zones providing special protective construction is included. The casing of the well shall terminate not less than two feet above the maximum known flood water elevation.
- d) Relation to Building. With respect to buildings, pits, and basements the location of a well shall be as follows:
- 1) Adjacent to Building. When a well must be located adjacent to a building, it shall be so located that the center line of the well extended vertically will clear any projection from the building by not less than two feet.
 - 2) Pits and Basements. New wells shall not be constructed in pits or basements.
- (Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)
- Section 920.70 Drilled Well Construction in Consolidated Formations
- a) Creviced Formations - Earth Cover Less Than 30 Feet. Creviced or cracked limestone or dolomite which is the upper bedrock formation and is overlain by a mantle of earth having a thickness less than 30

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feet, shall be used as a source of ground water supply when constructed by one of the following methods:

- 1) Where the earth mantle is less than 30 feet in thickness, the well casing shall extend to a depth of at least 40 feet below ground level. The diameter of the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. The annular space shall be pressure cement grouted as provided for in Section 920.90(g).
- 2) Where the well is drilled to obtain water from a lower formation the casing shall extend at least through the creviced formation and be seated in firm rock. The diameter of the drill hole through the creviced formation shall be a minimum of two inches greater than the inner diameter of the casing. The annular space shall be pressure cement grouted as provided in Section 920.90(g). When an outer casing is left in place, the annular space between the casings shall be pressure cement grouted and the annular opening around the outer casing shall be sealed with drill cuttings, clay slurry, bentonite, or cement grout. (See Illustration D.)
- b) Earth Mantle Over 30 Feet in Thickness. Where the earth mantle is greater than 30 feet in thickness, the casing shall be fitted with a drive shoe and be driven to a firm seat in the limestone or dolomite and the annular space around the casing through the earth mantle sealed with drill cuttings, clay slurry, bentonite or cement grout. Plastic casing shall be installed as required in Section 920.70(d) (See Illustration E.)
- c) Flowing Artesian Well. Initial drilling operations shall extend into but not through the formation confining the water. The casing shall be installed and the annular opening between drill hole and casing sealed with cement grout and allowed to set. The hole shall then be extended into the artesian formation. Flow control from the well shall be provided by valved pipe connections, watertight pump connections, or receiving reservoirs set at an altitude corresponding to the artesian head.
- d) Plastic Casing Installations. When plastic well casing is installed, the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. The pipe spigot and socket shall be cleaned and treated with a cleaner-primer. Joints shall be solvent cemented with a quick setting cement, or threaded, and equipped. Other types of joints may be evaluated and approved by the Department. There shall be no penetrations through the inner casing. A coupling shall be cemented on the bottom of the casing to

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stabilize it in the hole. A steel nipple five to ten feet long may be used on the bottom of the casing in lieu of the coupling. In rock wells, the casing shall be set into the rock a minimum of three feet to prevent leaking around the end of the casing. In areas where the water is obtained at the rock surface, the casing shall be set just above the rock. A formation packer shall be installed just above the bottom of the casing. The annular opening between the casing and wall of the drill hole shall be sealed with bentonite slurry or neat cement grout for both rock and drift wells.

(Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)

Section 920.80 Special Type Wells

- a) General. Wells in this classification are dug, bored, driven, and radial collector. The choice of any one of these as opposed to a drilled well is largely dictated by the characteristics of the water bearing formations or aquifers in the local areas.
 - b) Bored or Dug Well - Well Not Finished With Buried Slab. Bored or dug wells that are not finished as buried slab wells shall comply with the following: (See Illustration F.)
 - 1) Annular Opening. The open space between the excavation and the installed casing shall be grouted with concrete. The concrete shall be a minimum of six inches thick and be poured without construction joints from the ground surface to a minimum of ten feet below ground level. The contractor shall be responsible for the installation of the concrete grout. The diameter of the well bore below the grouting shall be a minimum of four inches greater than the outside diameter of the well casing and shall be filled with pea gravel to the well bottom.
 - 2) Upper Terminal. The casing shall extend at least 8 inches above finished ground surface. A cover slab at least four inches thick, adequately reinforced and having a diameter sufficient to extend to the outer edge of the casing shall be provided. The slab shall be constructed without joints. The top of the slab shall be sloped to drain to all sides and a watertight joint made where the slab rests on the well casing. A manhole, if installed, shall consist of a curb cast in the slab and extending four inches above the slab. The manhole shall have a watertight cover having sides which overhang the curb at least two inches.
- A) if a A vent is installed, it shall consist of pipe extending above the slab with the open end turned down and

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not less than six inches above the slab. The open end shall be covered with 24 mesh or finer screen of durable material. ~~Venting is recommended.~~

- B) Adequate sized pipe sleeve or sleeves shall be cast in place in the slab to accommodate the type of pump or pump piping proposed for the well.
- C) Bored or Dug Well - Buried Slab Construction. The well casing shall be terminated at a depth of 10 feet or more below the ground surface. Well casing shall meet the requirements in Section 920.90. This casing shall be firmly imbedded in or connected to a pipe cast in a reinforced buried concrete slab. The casing shall be a minimum of four inches in diameter and extend from the concrete slab to at least eight inches above finished ground surface. The annular opening between the casing pipe and the well bore shall be filled with clean earth thoroughly tamped to minimize settling, and mounded to drain away from the well. The contractor shall be responsible for the installation of the backfill. If a pitless adaptor is scheduled to be installed within seven calendar days, the earth backfill may terminate one foot below the frost level. The diameter of the well bore below the buried slab shall be a minimum of four inches greater than the outer diameter of the well casing and shall be filled with pea gravel to the well bottom. (See Illustration G.)
- D) Driven Well. The well point, drive pipe and joints shall be structurally suitable to prevent rupture during the driving of the well. If aids to driving are used, such as an augered starting hole or water jetting, the annular space around the drive pipe shall be sealed with cement grout or puddled clay. The type of pump proposed for the well will determine how the top ten feet or more of the well shall be completed. If the working barrel of a hand pump is to be located below ground surface, the upper portion of the well shall be enclosed in steel or iron casing pipe to a point below the barrel. So called "frost pits" curbed with stone, brick, tile, etc., are prohibited.
- E) Radial Collector Well. Approval of plans for the well shall be obtained from the Department before construction. Factors that will be considered for approval of a radial collector well will include depth of well, types of soil formations, location of well and sources of potential contamination in the surrounding area.
- (Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)
- Section 920.90 Construction Materials and Other Requirements

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- A) Casing and Liner Pipe. In selection of casing and liner pipe, consideration shall be given to the stress to which the pipe will be subjected during construction and the corrosiveness of the water with which it comes in contact. Used or reject pipe shall not be used.
- 1) Steel well casing shall meet one of the following standards: American Society For Testing Materials (ASTM) A-53-81A, A-120-82, A-589-81A, or American Petroleum Institute 5L, March, 1982 Edition and conform to the minimum standards given in Table A.
- 2) Plastic well casing and liners shall meet the requirements of ASTM Standard F480-81 and the National Sanitation Foundation Standard Number (NSF) 14-1980, Plastic Piping System Components and Related Materials. Evidence of compliance shall be inclusion in the current NSF listing and display of the NSF seal on each section of casing, and marking the casing in accordance with the requirements of ASTM Standard F-480-81.
- 3) Plastic well casing and liners must be Standard Dimension Ratio (SDR) rated, have a Impact Classification of IC-1 in accordance with ASTM Standard F480-81 as a minimum, and conform to the minimum requirements given in Table B.
- B) Outer Casing. Casing intended for construction purposes only shall be of weight and design as necessary to be watertight and permit installation without distortion or rupture to the specified depth, and shall be removed upon completion of the well.
- C) Joints. All casing and liner pipe joints shall be watertight. When the water well casing is to be extended, the joint shall be a threaded coupling or welding if the casing is metal, or the joint shall be solvent welded if the casing material is plastic.
- D) Screens. Screen openings shall provide the maximum amount of open area consistent with strength of screen and the grading of the water bearing formation or gravel pack. The openings shall permit maximum transmitting ability without clogging or jamming. Screens shall be made of non-corrosive material.
- E) Drive Shoe. Pipe that is to be driven shall be equipped with a drive shoe.
- F) Grouting Guides. Protective casing that is to be grouted in the drill hole or annular opening shall be provided with a centering shoe and shall have sufficient guides or centralizers to permit the unobstructed flow and deposition of the thickness of grout specified.

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g) Pressure Cement Grouting. Procedures and materials for grouting shall be as follows:

- 1) Concrete Grout. The mixture shall consist of cement, sand and water, in the proportion of one bag of cement (94 pounds), and an equal volume of dry sand to not more than 6 (six) gallons of clean water.
- 2) Neat Cement Grout. The mixture shall consist of one bag of cement (94 pounds) to not more than six gallons of clean water. Additives such as bentonite or aquajel or similar materials may be added up to 6% by weight to increase fluidity and to control shrinkage.
- 3) Application. All cement grouting shall be performed by adding the mixture from the bottom of the annular opening upward in one continuous operation until the annular opening is filled or to the point of pitless adapter attachment. Bentonite, aquajel, or similar materials may be added to the annular opening in the manner indicated for grouting, prior to the cement grouting, to seal any small crevices or fissures and assure that the annular space is open.

4) Setting Time. Drilling operations shall not be resumed until the cement grout has set and hardened for at least 48 hours when hi-early strength cement is used and at least 72 hours when regular cement is used. Setting time may be reduced from 48 hours with hi-early strength cement and 72 hours with regular cement by addition of manufacturers' approved chemicals and following manufacturers' recommendations for setting time.

h) Plumbness and Alignment. The bore of the hole shall be sufficiently plumb and straight to receive the casing without binding. The casing shall be sufficiently plumb and straight that it will not interfere with installation and operation of the pump.

i) Construction Water. Water used in the drilling process shall be obtained from a source which will not result in contamination of the well. All such water shall be treated so as to maintain a free chlorine residual as an extra precaution.

(Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)

Section 920.120 Abandoned Wells

a) Abandonment of Wells.

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1) The owner of a potable water well, boring, or monitoring well shall assure that such well is sealed within thirty (30) days after it is abandoned and no longer used for the purpose for which it was intended. The Department shall grant an extension of this time provided the owner submits a written request to the Department indicating the reasons for the request and an estimate of time in which the well will be either sealed or reused. In granting an extension, the Department must be assured that applicable protective measures will be taken and the methods and materials will be in compliance with the Act and this Part. Applicable protective measures may include ensuring sources of contamination are down grade from the water source or isolation of the potential source of contamination in such a manner as to prevent a route of contamination of the ground water, or isolating the potential source of contamination to prevent accidental introduction of contaminants into ground water.

2) Wells shall be sealed by a licensed water well driller pursuant to the Water Well and Pump Installation Contractor's License Act. A person who is not so licensed may seal a well, provided a request is made to the Department prior to the commencement of sealing indicating how the well is to be sealed and the materials to be used. The method and materials shall be in compliance with this Section, and approval must be granted by the Department prior to the commencement of the sealing where sealing is to be performed by a person who is not licensed. The Department shall grant approval when requested prior to the commencement of sealing if the methods and materials are in compliance with this Section.

b) Sealing Requirements. Potable water wells, borings, or monitoring wells which are abandoned shall be sealed by placing the sealing materials from the bottom of the well to the surface by methods that will avoid segregation or dilution of material in accordance with the following requirements:

- 1) Non-creviced, Consolidated formations. Wells extending into non-creviced sandstone, or other water bearing consolidated formations shall be sealed by filling the well with disinfected clean sand free of mud or dirt, or pea gravel to the top of the water bearing formation or to within 10 feet of the casing, whichever is less. Disinfection shall be accomplished by treating the area of the well which penetrates the aquifer in accordance with Section 920.100(b). Neat cement containing bentonite, aquajel or similar materials from 2% to 6% by weight or pure bentonite in any form shall be placed for a minimum of

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10 feet above this point or to the top of the water bearing formation, whichever is greater. A clay slurry or impervious material shall be used to fill the upper part of the well to the surface.

- 2) Crevice formations. Wells extended into crevice formations shall be sealed by filling with disinfected clean pea gravel to the top of the water bearing formation or to within 10 feet of the casing whichever is less. Neat cement containing bentonite, aquajel or similar materials from 2% to 6% by weight, or pure bentonite in any form shall be placed for a minimum of 10 feet above this point or to the top of the aquifer, whichever is greater. A clay slurry or impervious material shall be used to fill the upper part of the well to the surface.

- 3) Unconsolidated formations. In the event the water bearing formation consists of coarse gravel and producing wells are located nearby, the well shall be sealed by filling with disinfected clean pea gravel to the top of the water bearing formation. Neat cement containing bentonite, aquajel, or similar materials from 2% to 6% by weight, or pure bentonite in any form shall be placed for a minimum of 10 feet above this point. Clay or impervious material shall be used to fill the remaining upper part of the well to the surface. Abandoned wells extending only into unconsolidated formations near the surface can be sealed by completely filling with concrete, cement grout, neat cement or clay.

- 4) More than one water bearing formation. Where wells extend into more than one water bearing formation, each water bearing formation shall be sealed independently in the manner described in this Section depending upon the type of formation encountered. A neat cement plug shall be placed a minimum of 10 feet above and below all intermittent water bearing formations. Disinfected clean pea gravel shall be placed in each water bearing formation between plugs. A clay slurry or other impervious materials shall be used to fill all other parts of the well between plugs and the upper part of the well to the surface.

- 5) Artesian wells. In such wells, a cement retainer shall be used with pressure grouting equipment utilized to place cement grout. Neat cement shall be placed for a minimum of 10 feet above the water bearing formation. A clay slurry or other impervious materials shall be used to fill the upper part of the well to the surface.

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- 6) Where the well casing consists of brick, stone, concrete blocks, porous tile, or other porous material, the casing shall be removed to a depth of at least ten (10) feet below the surface.
- c) Non-Producing well. Where a potable water well is drilled and a water bearing formation is not located, the water well shall be filled with clay, drill cuttings, or neat cement containing bentonite, aquajel or similar materials from 2% to 6% by weight, or pure bentonite in any form by the water well driller not more than ten (10) calendar days after the well has been drilled.
- d) The well casing shall be removed to at least 3 feet below final grade.
- e) Notification.

- 1) The Department, approved local health department, or approved unit of local government shall be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal a potable water, boring, or monitoring well.
- 2) The Department shall be notified when a potable water, boring, or monitoring well is sealed by the owner of the water well not more than 30 days after the water well is sealed. The following shall be submitted on forms provided by the Department:

- A) The date the water well was drilled.
- B) Depth of the well and diameter.
- C) Location of the well.
- D) Type of sealing method used.
- E) Original water well permit number.
- F) Date the well was sealed.
- G) Type of well (boring, dug, or drilled).
- H) Whether the formation is clear of obstructions.
- I) Casing Record (explanation of the required removal).
- J) Water Well Drillers License number and name.

(Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)

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Section 920.130 Permit Requirements

- a) Permit. Effective January 1, 1988, a permit to construct or deepen a private or semi-private water well or a water well to serve a non-community water system must be obtained from the Department prior to construction.
- b) Application. Application for a permit shall be made on the forms provided by the Department. All applications for permit shall include a plan and drawing of the proposed construction. At a minimum the plan must include:
 - 1) A drawing indicating lot size with dimensions to septic tanks, location of any abandoned wells, property lines, seepage fields, sewers, and all other sources of contamination and an indication of the type of contamination source.
 - 2) Water well driller's license number and name.
 - 3) Estimated daily pumping capacity.
 - 4) The location of the water well including, county, city, street address or lot number, township, range, directions to the site (i.e., subdivision lot number, highway number, secondary roads, signs to follow, etc.), and section.
 - 5) Name and address of the owner of the well.
 - 6) Type of well to be constructed (bored, dug, or drilled).
 - 7) An estimate of the depth of the well.
 - 8) Type of well (i.e., private water well, semi-private water well, or non-community public water well).
- c) Expiration. A permit is void if construction has not commenced within one year of date of issuance.
- d) Water Well Fee. The fee to be paid for a permit to construct or deepen a water well shall be \$75.00.
- e) The Department shall grant permit requests which meet the requirements of the Act and this Part. The Department's standards for denial of a permit request are set forth in Section 920.130(f).
- f) Groundwater Contamination.

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- 1) The Department shall deny the approval of a permit request when available information indicates that the groundwater aquifer contains contamination which renders the water unsafe under the Department's Drinking Water Systems Code (77 Ill. Adm. Code 900). A potential public health problem may be detected on the basis of a sanitary survey, laboratory analyses, location of known sources of pollution, condition of water supply, type of construction or information from previous well owners which might indicate the water would be too hazardous to drink.
- 2) The Department shall grant approval of a request for a permit when approved treatment is shown to reduce contaminant levels below the levels of recognized health advisories or established by the Department and the federal government and referenced below. Such treatment includes, but is not limited to, sampling for additional contaminants, more frequent sampling for contaminants, or imposing of maximum contaminant levels specified in the Department's Drinking Water Systems Code (77 Ill. Adm. Code 900) Federal-National-Interim-Primary-Drinking Water-Regulations (40-CFR-141, August-27, 1980), National Primary Drinking Water Regulations (40 CFR 141 and 142, July 8, 1987 52 Fed. Reg. 25690 through 25717), or in recognized public health advisories concerning the safety of drinking water issued by the Department or U.S.E.P.A.
- g) Notification. Effective January 1, 1988, any person who constructs or deepens a potable water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.

(Source: Amended at 13 Ill. Reg. 11796, effective July 1, 1989)

Section 920.150 Designation of Agents of the Department

- a) The Department may designate and use full-time municipal, district, county, or multi-county health departments as its agents for the purpose of performing inspections of water well construction, investigating complaints, inspecting existing water wells and inspecting the work of water well drillers. Such health departments which desire approval as an agent shall make such request in writing to the Department.
- b) The Department shall designate such health departments as its agent provided the health department agrees to perform inspections of all water wells for which a permit has been issued by the Department and

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inspects the sealing of all abandoned water wells and enters into a written agreement with the Department for the conduct of an inspection program.

(Source: Added at 13 Ill. Reg. 11796, effective July 1, 1989)

Section 920.160 Issuance of Water Well Permits by Units of Local Government

a) Approval. A unit of local government may issue potable water well construction permits provided such units of local government adopt an ordinance which requires the unit of local government to issue water well permits, and which establishes a system for the inspection of water well construction and regulation and provided such ordinance is approved by the Department.

b) In order to receive approval of an ordinance, the unit of local government must submit a request for approval from the Department and must submit a copy of such ordinance including all amendments. The ordinance shall be approved by the Department provided the ordinance:

1) has been adopted by the unit of local government and shall be in effect

2) adopts the Illinois Water Well Construction Code (77 Ill. Adm. Code 920) and the Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)

3) requires the inspection by the unit of local government of each water well for which a permit is issued and the sealing of each abandoned potable water well, boring, or monitoring well within its jurisdiction. The unit of local government shall enter into a written agreement with the Department for the conduct of an inspection program.

c) Required Information. An approved unit of local government which has an ordinance approved by the Department in accordance with Section 920.160(a) of this Part shall submit to the Department the information listed in Section 920.130(b) of this Part for each potable water well permit issued. This information shall be submitted within 30 days of issuance of the date of issuance of the permit and shall be submitted on forms provided by the Department.

(Source: Added at 13 Ill. Reg. 11796, effective July 1, 1989)

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Illinois Water Well Pump Installation Code

2) Code Citation:

77 Ill. Adm. Code 925

3) Section Numbers:

925.15

925.30

925.40

Adopted Action:

New Section
Amendment
Amendment

4) Statutory Authority:

Illinois Water Well Pump Installation Code
Ill. Rev. Stat. 1987, ch. 111 1/2, par. 116.151 et seq.

5) Effective Date of Rules:

July 1, 1989

6) Does this Rulemaking Contain an Automatic Repeal Date? Yes ___ No X

If "yes," please specify date:

7) Does this Rulemaking Contain Any Incorporations by Reference? Yes X No ___

If "yes," please specify type: 6.02(a) X or 6.02(b) ___

If "6.02(b)," was a copy of the approval form issued by the Joint Committee attached to this rulemaking? Yes ___ No ___

8) Date Filed in Agency's Principal Office:

July 1, 1989

9) Date Notice(s) of Proposal was Published in Illinois Register:

12 Ill. Reg. 7252 - October 28, 1988

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objections to this/these Rules? Yes ___ No X

If "yes," please complete the following:

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- A) Statement of Objection: _____, Ill. Reg. _____
- B) Agency Response: _____, Ill. Reg. _____
- C) Date Agency Response Submitted for Approval to the Joint Committee: _____

11) Difference Between Proposal and Final Version:

The following changes were made in response to comments and suggestions of the Joint Committee on Administrative Rules:

New Section 925.15 Incorporated Materials shall be added:

Section 925.15 Incorporated Materials

- a) The following federal and state regulations, standards, and statutes are incorporated or referenced in various sections of this Part:

- 1) Illinois Water Well and Pump Installation Contractor's License Act (Ill. Rev. Stat. 1987, ch. 111, pars. 7101 et seq.);
- 2) Pitless Well Adapters
National Sanitation Foundation (NSF) Standard Number 56, November, 1986
- 3) National Electric Code 1987 edition.
National Fire Protection Association
Battery March Park, Quincy, Mass. 02269

- b) All incorporations by reference for federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

- c) All materials incorporated by reference are available for inspection and copying at the Department's Central Office, Division of Environmental Health, 525 West Jefferson - Third Floor, Springfield, Illinois 62761.

In addition, various typographical, grammatical and form changes were made in response to the comments from the Administrative Code Division and the Joint Committee on Administrative Rules.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

The Department has made all the changes to which it agreed with the Joint Committee.

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- 13) Will the Rules Replace an Emergency Rule Currently in Effect?

Yes ☐ No ☒

- 14) Are there any other Amendments Pending on this Part? Yes ☐ No ☒

If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
15)	Summary and Purpose of Rules:	
	In Section 925.30, the amendment would delete the requirement that a water well pump installation form be sent to the Department. The information on this form is no longer needed.	
	In Section 925.40, the amendment adopts the current National Electric Code for the installation of water well pumps and the current pitless well adaptor standard, requires wells to be vented instead of making a recommendation, and requires the well to be backfilled after the piping is installed.	
16)	Information and Questions regarding this Adopted Rulemaking shall be directed to:	
	Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.	

- 15) Summary and Purpose of Rules:

In Section 925.30, the amendment would delete the requirement that a water well pump installation form be sent to the Department. The information on this form is no longer needed.

In Section 925.40, the amendment adopts the current National Electric Code for the installation of water well pumps and the current pitless well adaptor standard, requires wells to be vented instead of making a recommendation, and requires the well to be backfilled after the piping is installed.

- 16) Information and Questions regarding this Adopted Rulemaking shall be directed to:

Mr. Robert John Kane, Division of Governmental Affairs, Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, 217/782-6187.

The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER r: WATER AND SEWAGE

Environmental Health, 525 West Jefferson - Third Floor, Springfield,
Illinois 62761.

(Source: Added at 13 Ill. Reg. 11816, effective July 1, 1989)

PART 925

ILLINOIS WATER WELL PUMP INSTALLATION CODE

Section 925.30 General Requirements

SECTION

925.10 Definitions

925.15 Incorporated Materials

925.20 Scope

925.30 General Requirements

925.40 Pump Installation

925.50 Disinfection and Samples

AUTHORITY:

Implementing and authorized by the Illinois Water Well Pump
Installation Code (Ill. Rev. Stat. 1987, ch. 111 1/2, pars.
116.151 et. seq.).

SOURCE:

Adopted September 12, 1973; amended at 2 Ill. Reg. 42, p. 35,
effective October 16, 1978; rules repealed, new rules adopted
and codified at 7 Ill. Reg. 9662, effective August 1, 1983;
amended at 13 Ill. Reg. 11816, effective July 1, 1989.

Section 925.15 Incorporated Materials

a) The following federal and state regulations, standards, and statutes
are incorporated or referenced in various sections of this Part:

1) Illinois Water Well and Pump Installation Contractor's License
Act (Ill. Rev. Stat. 1987, ch. 111, pars. 7101 et seq.);

2) Pitless Well Adapters
National Sanitation Foundation (NSF) Standard
Number 56, November, 1986

3) National Electric Code 1987 edition.
National Fire Protection Association
Battery March Park, Quincy Mass. 02269

b) All incorporations by reference for federal regulations and the
standards of nationally recognized organizations refer to the
regulations and standards on the date specified and do not include
any additions or deletions subsequent to the date specified.

c) All materials incorporated by reference are available for inspection
and copying at the Department's Central Office, Division of

a) Installation Contractor. Installation of pumps or equipment shall be
made only by or under supervision of persons, firms or corporations
holding a valid license under the Illinois Water Well and Pump
Installation Contractor's License Act (Ill. Rev. Stat. 1987,
ch. 111, pars. 7101 et seq.) unless exempt from the provisions of
that Act.

b) Completion Report. Within 30 days after a water well pump or
equipment has been installed, the contractor shall submit a report of
the installation on such forms as are prescribed and furnished by the
Department.

b)e) Variance. If conditions exist at a proposed installation site which
preclude compliance with the requirements of this Part, the
contractor may request a variance by submitting to the Department a
written request outlining a specific proposal to be used in lieu of
compliance with this Part. The Department shall approve the variance
if the proposal is in accord with accepted public health and sanitary
engineering principles and practices, and if the resulting water well
pump installation can be expected to provide a continuously safe and
sanitary water supply. The Department shall notify the applicant in
writing of its decision either to grant or deny the variance.

Factors to be considered in the approval of variance proposals will
include location of pump installation, sources of potential
contamination, depth to water table, past sampling history of the
well, the type and location of the pump and other geological
conditions at individual installations.

(Source: Amended at 13 Ill. Reg. 11816, effective July 1, 1989)

Section 925.40 Pump Installation

a) Upper Well Terminal. Well casing and pitless well adapters shall
terminate not less than eight (8) inches above the finished ground
surface or pump house floor and at least 24 inches above maximum high
water level in areas where flooding is likely to occur. No casing
shall be cut off or cut into below ground level except to install a
pitless well adapter.

b) Well Pits

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- 1) No new well pits shall be allowed. Existing well pits shall not be altered or changed.
- 2) Existing pits will be accepted if the following conditions exist:
 - A) The pit shall be structurally sound and watertight. The casing shall extend at least twelve (12) inches above the pit or basement floor and have a well seal to prevent contaminants from entering the well.
 - B) A watertight manhole and cover must be provided for the pit.
- 3) No existing well pit shall be modified to comply with Section 925.40(b)(2) above. Existing pits which are not in compliance with Section 925.40(b)(2), shall be eliminated and the floor or one wall of the pit shall be broken or removed and the pit shall be filled with compacted earth.

c) Pitless Well Adapter. No well casing shall be cut off or cut into below ground surface except to install a pitless well adapter, below the frost level. Pitless well adapters shall comply with the requirements of the National Sanitation Foundation (NSF) Standard Number 6-8 56 entitled Pitless Well Adapters, July-1970 November, 1986 edition and shall bear the NSF seal. Pitless well adapters approved by this Department prior to July 1, 1983 shall continue to be approved. A list of approved pitless well adapters will be periodically updated and a copy of this list may be obtained from the Department. The annular opening between the well casing and the well bore hole or any excavation made to install the pitless adapter shall be filled with compacted earth to minimize settling and mounded to provide drainage away from the well. The contractor shall be responsible for the installation of the earth backfill.

d) Hand Pumps. Hand pumps shall be of the force type equipped with a packing gland around the pump rod, a delivery spout which is closed and downward directed, and a one-piece bell type base which is part of the pump stand or is attached to the pump column in a watertight manner. The bell base of the pump shall be securely attached to the casing or pipe sleeve.

e) Power Driven Pumps. The design and operating principles of each type of power driven pump determines where each may be located with respect to a well. The location selected for the pump determines what factors must be considered to make an acceptable installation.

- 1) Location Above Well. Any power driven pump located over a well shall be so mounted on the well casing, pipe sleeve, pump foundation or pump stand that a watertight closure is or can be

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made for the open end of the casing or sleeve. The pump base bolted with a neoprene or rubber gasket or equivalent watertight seal to a foundation or plate provides an acceptable seal. On large pump installations, the bolting may be omitted when the weight of pump and column is sufficient to make a watertight contact with the gasket. If the pump unit is not located over the casing or pipe sleeve, but the pump delivery or suction pipe emerges from the top of the well, a well seal or equivalent shall be installed between the well casing and pipe to provide a watertight closure.

2) Location in Well. This type of location is permissible for submersible pumps only. When the discharge line leaves the well at the top of the casing, the opening between the discharge line and casing or pipe sleeve shall be sealed watertight with a well seal or equivalent device. When an underground discharge is desired, a pitless well adapter shall be installed. A check valve shall not be permitted between the well and the inlet side of the pressure tank.

3) Offset From Well. Pumps offset from the well, if not located in an above ground pump house or other building, may be located in an approved basement provided the pump and all suction pipes are elevated at least 12 inches above the floor. All portions of suction lines buried below the ground surface between the well and the pump shall be enclosed in a pressure discharge line maintained at system pressure.

f) Vents. Vent piping shall be of adequate size to allow equalization of air pressure in the well and shall be not less than one-half inch in diameter. Vent openings shall be located in such a manner as to prevent contamination of the well. The vent opening shall terminate at least 8 inches above the finished grade and shall be turned down, secured in position, reasonably tamper proof, and be screened with not less than 24-mesh durable screen or filtered in such a manner as to prevent the entry of insects. Particular attention shall be given to proper venting of wells in areas where toxic or inflammable gases are known to be a characteristic of the water. If determined that either of these types of gases are present, all vents when located in buildings shall be extended to discharge outside of the building at a height where they will not be a hazard. Venting is recommended required.

g) Pump Bearing Lubrication. Lubrication of bearings of power driven pumps shall be with water or oil which will not adversely affect the quality of the water to be pumped.

- 1) Water Lubrication. If a storage tank is required for

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lubrication water, it shall be designed to protect the water from contamination.

- 2) Oil Lubrication. The reservoir shall be designed to protect the oil from contamination. The oil shall not contain substances which will cause odor or taste to the water pumped.

h) Water-Level-Measurement--On-wells-of-large-capacity, provisions-for-measuring-the-water-level-in-the-well-is-desirable--Piping-for-this-purpose-shall-terminate-above-the-upper-well-terminat--be-capped watertight,--and-all-openings-around-the-piping-at-the-point-of-entry-into-the-well-sealed-watertight.

- h) Electrical Installations. All electrical installations shall be performed and maintained in accordance with the National Electric Code 1987 edition.

(Source: Amended at 13 Ill. Reg. 11816, effective July 1, 1989)

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- 1) Heading of the Part: Retailers' Occupation Tax
- 2) Code Citation: 86 Ill. Adm. Code 130
- 3) Section Numbers:
130.901
130.1501
130.1505
130.1515
Adopted Action:
Amendment
Amendment
Amendment
Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 120, pars. 443, 444 and 445
- 5) Effective Date of Amendment(s): June 29, 1989
- 6) Does this rulemaking contain an automatic repeal date? Yes ☐ No ☒
- 7) Does this amendment contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: June 29, 1989
- 9) Notice of Proposal Published in Illinois Register:
July 1, 1988, 12 Ill. Reg. 11084
(issue date)
- 10) Has JCAR issued a Statement of Objections to this Rule?: No
- 11) Differences between proposal and final version: At the request of the Administrative Code Division, the following changes were made:
 1. In the authority note, updated the statutory citations to reflect the 1987 edition of the Illinois Revised Statutes.
 2. In Section 130.901(a), combined two unlabeled paragraphs into one paragraph.
 3. In Section 130.901(b), (c), (d), (e), (f), and (g) updated the statutory citations to reflect the 1987 edition.
 4. In Section 130.901(b)(2), (c)(2), (d)(2) and (e)(2), added a comma following the year in the first date shown.
 5. In Section 130.901(g), labeled the paragraph as subsections (1) and (2).
 6. In Section 130.1501(a)(4), indented to the third level, and updated the statutory citation.

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7. In Section 130.1501(d)(2), all of the Acts in the statutory language were given statutory citations.

In addition, the subsection labels appearing in lines 12, 14, 26 and 28 were placed in small letters including the subsection labels in Sections 130.1505(a)(1)(A), (B), and (C), (a)(2), and (b)(1).

8. In the heading of this Part, the term "Regulations" was deleted.

At the request of the Joint Committee, the following changes were made:

1. Updated the statutory reference in the Authority Note and in Section 130.901(a) to the 1987 edition of the Illinois Revised Statutes.

2. Placed the period at the end of the statutory language in Section 130.901(a) after the statutory citation.

3. Had the following text replace the proposed text after the words "Service Use Tax Act," in line 5 of Section 130.1501(d)(2):

the Municipal Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 24, par. 8-11-1), the Municipal Use Tax Act (Ill. Rev. Stat. 1987, ch. 24, par. 8-11-06), the Municipal Service Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 24, par. 8-11-5), the County Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.1), the County Supplementary Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.1a), the County Service Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.2), the County Supplementary Service Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.10), the County Supplementary Use Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.10(a)), Section 4 of the Water Commission Act of 1985 (Ill. Rev. Stat. 1987, ch. 111 2/3, par. 254), subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act (Ill. Rev. Stat. 1987, ch. 111 2/3, par. 355.01), or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act (Ill. Rev. Stat. 1987, ch. 111 2/3, par. 704.03),

4. Combined the two unlabeled paragraphs in Section 130.901(a).

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

- 13) Will this amendment replace an emergency amendment currently in effect? No

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- 14) Are there any amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
130.330	Amendment	12/23/88, 12 Ill. Reg. 22097
130.2000	Amendment	12/23/88, 12 Ill. Reg. 22097

- 15) Summary and Purpose of Rule(s): Amendments to Sections 130.1501 and 130.1505 are proposed to authorize the Department or the taxpayer to use credit memoranda issued for overpayments under the Retailers' Occupation Tax Act to offset liability under the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act.

The amendment to Section 130.1515 is proposed to codify the statutory interest rate paid on credit memoranda.

The amendment to Section 130.901 is proposed to codify the statutory penalty imposed on delinquent or deficient Retailers' Occupation Tax returns.

- 16) Information and questions regarding this adopted rule shall be directed to:

R. Dale Yung
Administrator
Legal Services Bureau
Illinois Department of Revenue
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 782-6336

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF REVENUE

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TITLE 86: REVENUE

CHAPTER I: DEPARTMENT OF REVENUE

PART 130

RETAILERS' OCCUPATION TAX REGULATIONS

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130.325	Manufacturing Machinery and Equipment
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130.345	Coal Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment
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SUBPART D: GROSS RECEIPTS

Section	Meaning of Gross Receipts
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130.405	
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130.415	Transportation and Delivery Charges
130.420	Finance or Interest Charges--Penalties--Discourts

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130.435	Penalties
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130.450	

SUBPART E: RETURNS

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130.550	Prepayment of Retailers' Occupation Tax on Motor Fuel
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SUBPART F: INTERSTATE COMMERCE

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SUBPART G: CERTIFICATE OF REGISTRATION

Section	General Information on Obtaining a Certificate of Registration
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130.710	Sub-Certificates of Registration
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130.720	Display
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130.2140 Vendors of Curtains, Slip Covers, Floor Covering and Other Similar Items made to Order
 130.2145 Vendors of Meals
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 130.2155 Vendors of Signs
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 130.2160 Vendors of Tangible Personal Property Employed for Premiums, Advertising, Prizes, Etc.
 130.2165 Veterinarians
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AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 120, pars. 440 et seq.) and authorized by Section 39b3 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1987, ch. 127, par. 39b3).

SOURCE: Adopted July 1, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4 Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June 1, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 10, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July 1, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987; amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendments at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days; modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989.

SUBPART I: PENALTIES AND INTEREST

Section 130.901 Civil Penalties

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The Retailers' Occupation Tax Act provides the following penalties for violations of the Act or of any Regulation of the Department issued pursuant thereto:

- a) Filing an Incorrect Return
- "If the tax computed upon the basis of the gross receipts as fixed by the Department is greater than the amount of tax due under the return or returns as filed, the Department shall (or if the tax or any part thereof that is admitted to be due by a return or returns, whether filed on time or not, is not paid, the Department may) issue the taxpayer a notice of tax liability for the amount of tax claimed by the Department to be due, together with a penalty of 5 10% thereof: Provided, that if the incorrectness of any return or returns as determined by the Department is due to fraud, said penalty shall be 20% 30% of the tax due" (Ill. Rev. Stat. 1983 1987, ch. 120, par. 443). The above-quoted penalties apply to tax-liability-incurred--for periods on or after July 1, 1965 January 1, 1988.
- b) Failure to File Return When Required, but Payment Prior to Notice of Tax Liability
- "In case any person engaged in the business of selling tangible personal property at retail fails to file a return when and as herein required, but thereafter, prior to the Department's issuance of a notice of tax liability under this Section, files a return and pays the tax, he shall also pay a penalty of 7-5 10% of the amount of the tax." (Ill. Rev. Stat. 1983 1987, ch. 120, par. 444)
- 1) The above-quoted penalty applies to tax-liability-incurred on or after December 1, 1984 January 1, 1988.

A) EXAMPLE: The taxpayer's return for November, 1987, is required to be filed on or before December 31, 1987. The taxpayer files the return on January 10, 1988. Because the return is filed late in January, 1988, it is subject to the 10% penalty rate that went into effect January 1, 1988.

B) EXAMPLE: The taxpayer's return for October, 1987, is required to be filed on or before November 30, 1987. The taxpayer files the return on December 12, 1987. Because the return is filed late during December, 1987, it is subject to the 7.5% penalty rate that was in effect during December, 1987.

- 2) As to tax liability incurred before December 1, 1984 November 1, 1987, but after--July 1, 1965 on or after December 1, 1984, the penalty in this situation is 5 7.5%.

c) Filing Return at Required Time but Failure to Pay Tax

"In case any person engaged in the business of selling tangible personal property at retail files the return at the time required by the Act but fails to pay the tax, or any part thereof, when due, a penalty of 7-5 10% of the amount of the tax unpaid when due shall be added thereto." (Ill. Rev. Stat. 1983 1987, ch. 120, par. 444)

- 1) The above quoted penalty applies to tax-liability-incurred on or after December 1, 1984 January 1, 1988.
- 2) As to tax liability incurred before December 1, 1984 November 1,

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1987, but after--July 1, 1965 on or after December 1, 1984, the penalty in this situation is 5 7.5%.

- d) Filing Late Return Without Payment of Entire Tax
- "In case any person engaged in the business of selling tangible personal property at retail fails to file a return when and as herein required, but thereafter, prior to the Department's issuance of a notice of tax liability under this Section, files a return but fails to pay the entire tax, a penalty of 7-5 10% of the full amount of tax shown by such return shall be added thereto." (Ill. Rev. Stat. 1983 1987, ch. 120, par. 444)

1) The above quoted penalty applies to tax-liability-incurred on or after December 1, 1984 January 1, 1988.

2) As to tax liability incurred before December 1, 1984 November 1, 1987, but after--July 1, 1965 on or after December 1, 1984, the penalty in this situation is 5 7.5%.

- e) Failure to File Return When Required, and Failure to Pay Prior to Notice by Department

"In case any person engaged in the business of selling tangible personal property at retail fails to file a return, the Department shall determine the amount of tax due from him according to its best judgment and information, which amount so fixed by the Department shall be prima facie correct and shall be prima facie evidence of the correctness of the amount of tax due, as shown in such determination The Department shall issue the taxpayer a notice of tax liability for the amount of tax claimed by the Department to be due, together with a penalty of 30% thereof." (Ill. Rev. Stat. 1983 1987, ch. 120, par. 444)

1) The above-quoted penalty applies to tax liability incurred on or after December 1, 1984.

2) As to tax liability incurred before December 1, 1984, but after July 1, 1965, the penalty in this situation is 20%.

- f) Over-Collection of Tax, or Collection of Tax on Nontaxable Receipts
- "If any seller collects an amount (however designated) which purports to reimburse such seller for Retailers' Occupation Tax liability measured by receipts which are not subject to Retailers' Occupation Tax, or if any seller, in collecting an amount (however designated) which purports to reimburse such seller for Retailers' Occupation Tax liability measured by receipts which are subject to tax under the Act, collects more from the purchaser than the seller's Retailers' Occupation Tax liability on the transaction is, the purchaser shall have a legal right to claim a refund of such amount from such seller. However, if such amount is not refunded to the purchaser for any reason, the seller is liable to pay such amount to the Department. This paragraph does not apply to an amount collected by the seller as reimbursement for the seller's Retailers' Occupation Tax liability on receipts which are subject to tax under the Act as long as such collection is made in compliance with the tax collection brackets prescribed by the Department in its Rules and Regulations." (Ill. Rev. Stat. 1983 1987, ch. 120, par. 441)

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- g) Filing Late Return Due to "Reasonable Cause"
- 1) "However, where the failure to file any tax return required under this Act on the date prescribed therefor (including any extensions thereof), is due to reasonable cause the penalties imposed by this Act shall not apply." (Ill. Rev. Stat. §983 1987, ch. 120, par. 444)
 - 2) In general, a "reasonable cause" for the failure to file any return would be what is acceptable to the Federal Government for Federal Income Tax purposes as a "reasonable cause" for failure to file a Federal Income Tax return.

(Source: Amended at 13 Ill. Reg. 11824 effective June 29, 1989)

SUBPART O: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX

Section 130.1501 Claims for Credit--Limitations--Procedure

a) Limitations Upon Claims

- 1) Where a taxpayer under the Retailers' Occupation Tax Act pays to the Department an amount of tax or penalty or interest not due under the provisions of the Act, either as the result of a mistake of fact or an error of law, such taxpayer may file a claim for credit with the Department.
- 2) The Department cannot approve any claim for credit unless the proof submitted in support thereof clearly establishes that the claimant has borne the burden of the tax erroneously paid or that he has unconditionally repaid the amount of the tax to his vendee from whom he has collected such amount. In the latter event, the claimant must also prove that his vendee has borne the burden of such amount or has unconditionally repaid persons to whom such vendee has shifted the burden of such amount (see Section 6 of the Retailers' Occupation Tax Act).
- 3) In addition, if the Retailers' Occupation Tax was paid on receipts from a sale made on or after August 1, 1955, no credit shall be allowed for any such amount paid by or collected from any claimant unless it shall appear that the claimant has unconditionally repaid, to the purchaser, any amount collected from the purchaser and retained by the claimant with respect to the same transaction under the Use Tax Act.
- 4) The Department cannot approve any claim for credit to the extent that the amount claimed is an amount which has been paid (voluntarily or involuntarily) in total or partial liquidation of an assessment which had become final before the claim for credit to recover the amount so paid is filed with the Department, or if paid in total or partial liquidation of a judgment, order or decree of court. Also, all claims for credit are subject to the statute of limitations provided in Section 6 of the Act, as follows:

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Provided that as to any claim for credit filed with the Department on and after each January 1 and July 1 no amount of tax or penalty or interest erroneously paid (either in total or partial liquidation of a tax or penalty or amount of interest under this Act) more than 3 years prior to such January 1 and July 1, respectively, shall be credited; . . . (Ill. Rev. Stat. §979 1987, ch. 120, par. 445)

b) Filing of Claims

- 1) Claims for credit shall be prepared and filed upon forms provided by the Department. Each claim shall state:
 - A) the name and principal business address of the claimant;
 - B) the period covered by the claim;
 - C) the total amount of credit claimed, giving in detail the net amount of taxable receipts reported each month or other return period used by the claimant as the basis for filing returns in the period covered by the claim;
 - D) the total amount of tax paid for each return period;
 - E) receipts upon which tax liability is admitted for each return period;
 - F) the amount of receipts on which credit is claimed for each return period;
 - G) the tax due for each return period as corrected;
 - H) the amount of credit claimed for each return period;
 - I) reason or reasons why the amount, for which the claim is filed, is alleged to have been paid in error;
 - J) a list of the evidence (documentary or otherwise) which the claimant has available to establish his compliance with Section 6 as to bearing the burden of the tax for which he seeks credit;
 - K) payments or parts thereof (if any) included in the claim and paid by the claimant under protest;
 - L) sufficient information to identify any suit which involves the Act, and to which the claimant is a party, and
 - M) such other information as the Department may reasonably require.
- 2) Where the claimant is a corporation, the claim filed on behalf of such corporation shall be signed by the president, vice-president, secretary or treasurer or by the properly accredited agent of such corporation.
- 3) A claim for credit shall be considered to have been filed with the Department on the date upon which it is received by the Department.
- 4) Upon receipt of any claim for credit filed under the Act, any officer or employee of the Department, authorized in writing by the Director of Revenue to acknowledge receipt of such claims on behalf of the Department, shall execute on behalf of the Department, and shall deliver or mail to the claimant or his duly authorized agent, a written receipt, acknowledging that the claim has been filed with the Department, describing the claim in

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sufficient detail to identify it and stating the date upon which the claim was received by the Department.

- 5) Such written receipt shall be prima facie evidence that the Department received the claim described in such receipt and shall be prima facie evidence of the date when such claim was received by the Department.

- 6) In the absence of such a written receipt, the records of the Department as to when the claim was received by the Department, or as to whether or not the claim was received at all by the Department, shall be deemed to be prima facie correct upon these questions in the event of any dispute between the claimant (or his legal representative) and the Department concerning these questions. (See Section 6a of the Act.)

c) Procedure After Filing of Claims

- 1) The Department will examine each claim for credit as soon as practicable after such claim is filed and will notify the claimant (or his legal representative, if the claim is filed by such legal representative, or if the claimant has died or become incompetent and such legal representative has notified the Department of his appointment and qualification as such legal representative, or if the Department, on its own motion, has substituted such legal representative in the proceeding for the deceased or incompetent claimant) of its Tentative Determination of the amount of credit, if any, to which the claimant or his legal representative is entitled.

- 2) If such claimant, or the legal representative of a deceased or incompetent taxpayer, shall, within 20 days after the Department's Notice of Tentative Determination of Claim, file a protest thereto and request a hearing thereon, the Department shall give notice to such claimant, or to the legal representative of a deceased or incompetent taxpayer, of the time and place fixed for such hearing, and shall hold a hearing in conformity with the provisions of the Act, and pursuant thereto shall issue its Final Determination of the amount of credit, if any, found to be due as a result of such hearing, to such claimant, or to the legal representative of a deceased or incompetent taxpayer.

- 3) If a protest to the Department's Notice of Tentative Determination of Claim is not filed within 20 days and a request for a hearing thereon is not made as hereinabove provided, the said Notice shall thereupon become and operate as a Final Determination. (See Sections 6b and 6c of the Act.)

d) Use of Credit Memoranda to Satisfy Prior Rights of Department

- 1) If, following the above procedure, a credit is found to be due, as evidence thereof a credit memorandum for such amount shall be issued in the name of the claimant.

- 2) If there is an established unpaid assessment or an admitted unpaid liability, or unpaid penalty, or unpaid amount of interest, against the claimant either under the Retailers'

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Occupation Tax Act, or--under the Use Tax Act, or--under the Service Occupation Tax Act, or--under the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 24, par. 8-11-1), the Municipal Use Tax Act (Ill. Rev. Stat. 1987, ch. 24, par. 8-11-6), the Municipal Service Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 24, par. 8-11-5), the County Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.1), the County Supplementary Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.1a), the County Service Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.2), the County Supplementary Service Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.2a), the County Use Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.10), the County Supplementary Use Tax Act (Ill. Rev. Stat. 1987, ch. 34, par. 409.10a), Section 4 of the Water Commission Act of 1985 (Ill. Rev. Stat. 1987, ch. 111-2/3, par. 254), subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act (Ill. Rev. Stat. 1987, ch. 111-2/3, par. 355.01), or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act (Ill. Rev. Stat. 1987, ch. 111-2/3, par. 704.03), the amount of the credit shall be credited against the tax or penalty or interest due or to become due under the Retailers' Occupation Tax Act, or under the Use Tax Act, or--under the Service Occupation Tax Act, or--under the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act, from the person who made the erroneous payment.

- 3) If the credit is in an amount less than that of the unpaid liability, it shall be applied pro tanto.

- 4) If the amount of the credit exceeds that of the unpaid liability, after crediting an amount sufficient to liquidate or cancel out such unpaid liability, a new credit memorandum shall be issued for an amount representing the difference between that of the original credit found to be due and that of the liability liquidated or paid as aforesaid, and such new credit memorandum shall be delivered to the person entitled to receive delivery thereof, provided that no proceeding is pending against the claimant to establish an unpaid liability under the Retailers' Occupation Tax Act, or--under the Use Tax Act, or--under the Service Occupation Tax Act, or--under the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act, from the person who made the erroneous payment.

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Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act.

- 5) If a proceeding to establish such an unpaid liability is pending, the credit memorandum shall be held by the Department until such proceeding is concluded; and if such proceeding results in the issuance of an assessment which becomes final, the credit shall be applied by the Department, to the extent which may be necessary, in liquidation of such assessment, or any interest that may accrue thereon, and the balance of the credit, if any (after cancellation of the credit memorandum applied in liquidation of such liability), shall be issued in the form of a new credit memorandum and delivered to the person entitled to receive delivery thereof.

(Source: Amended at 13 Ill. Reg. 11824, effective June 29, 1989)

Section 130.1505 Disposition of Credit Memoranda by Holders Thereof

a) Assignment of Credit Memoranda

- 1) Credit memoranda issued in accordance with the provisions of Section 6 of the Act may be assigned or transferred only after a request for that purpose is filed with the Department upon forms prescribed and furnished by it, and subject to the following conditions:

A) That the assignment is made to a person who is subject to the Retailers' Occupation Tax Act, the Use Tax Act, the Service Occupation Tax Act, or the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act;

B) That there is no proceeding pending to establish an unpaid liability against the assignor pursuant to notice given of the Department's proposal to assess an amount against him

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either under the Retailers' Occupation Tax Act, or under the Use Tax Act, or under the Service Occupation Tax Act, or under the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act, and

- C) that there is no established assessment or admitted liability or interest or penalty unpaid by the assignor, either under the Retailers' Occupation Tax Act, or under the Use Tax Act, or under the Service Occupation Tax Act, or under the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act;

- 2) If any balance is due such claimant-assignor, after application of the credit memorandum by the Department. If there are no unpaid established assessments or unpaid admitted tax liabilities, or unpaid penalties, or unpaid amounts of interest, due from the claimant-assignor, and if there are no pending proceedings as herein outlined, against the claimant-assignor, and if the contemplated assignee is a person who is subject to the Retailers' Occupation Tax Act, or the Use Tax Act, or the Service Occupation Tax Act, or the Service Use Tax Act, the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act;

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Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act, the request for leave to assign shall be approved; the original credit memorandum shall be cancelled, and a new credit memorandum shall be issued to the assignee in the amount shown on the canceled memorandum. However, before a credit memorandum is issued to the assignee, the amount of such credit shall be applied, to the extent that may be necessary, in liquidation of any established or admitted unpaid assessment which has been issued to such assignee or in liquidation of any unpaid Retailers' Occupation Tax, Use Tax, Service Occupation Tax or Service Use Tax penalty, or amount of interest or in liquidation of any unpaid admitted Retailers' Occupation Tax, Use Tax, Service Occupation Tax or Service Use Tax liability of the assignee liability due from the assignee under the Retailers' Occupation Tax Act, the Use Tax Act, the Service Occupation Tax Act, or the Service Use Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act, and a credit memorandum for the balance of the credit, if any, shall then be issued to the assignee: Provided that there is no proceeding pending against the assignee to establish an unpaid liability against him either under the Retailers' Occupation Tax Act, or under the Use Tax Act, or under the Service Occupation Tax Act, or under the Service Use Tax Act. If a proceeding to establish such an unpaid liability is pending, the credit memorandum shall be held by the Department until such proceeding is concluded; and if such proceeding results in the issuance of an assessment which becomes final, the credit shall be applied by the Department, to the extent which may be necessary, in liquidation of such assessment, and any interest that may accrue thereon, and the balance of the credit, if any (after cancellation of the credit memorandum applied in liquidation of such liability), shall be issued in the form of a new credit memorandum and delivered to the assignor for transmittal to the assignee.

b) Submission of Credit Memoranda With Tax Returns

1) Credit memoranda, in the hands either of the original claimant or

of his assignee, may be submitted to the Department, along with tax returns, in payment of any tax liability or penalty or interest under the Retailers' Occupation Tax Act or the Use Tax Act, or the Service Occupation Tax Act, or the Service Use Tax Act, liability the Municipal Retailers' Occupation Tax Act, the Municipal Use Tax Act, the Municipal Service Occupation Tax Act, the County Retailers' Occupation Tax Act, the County Supplementary Retailers' Occupation Tax Act, the County Service Occupation Tax Act, the County Supplementary Service Occupation Tax Act, the County Use Tax Act, the County Supplementary Use Tax Act, Section 4 of the Water Commission Act of 1985, subsections (b), (c) and (d) of Section 5.01 of the Local Mass Transit District Act, or subsections (e), (f) and (g) of Section 4.03 of the Regional Transportation Authority Act, incurred by the holder of such credit memoranda. The holder of the credit memorandum may also use it to pay any penalty or interest that may be due from him to the Department under the Retailers' Occupation Tax Act, the Use Tax Act, the Service Occupation Tax Act, or the Service Use Tax Act.

2) If, after applying any such credit memorandum against the amount of liability shown to be due by the tax return with which the credit memorandum is submitted, there is a balance of the credit memorandum in favor of the taxpayer, the Department will cancel the credit memorandum which the taxpayer submits with his return and will issue and deliver to such taxpayer a new credit memorandum for such balance. This process will be followed until the credit, to which such taxpayer is entitled, is exhausted.

3) However, any new credit memorandum, which is issued for a balance of credit due the taxpayer after applying the amount of a credit memorandum to the payment of current taxes, is subject to the prior rights of the Department to the same extent that such prior rights take precedence when a credit memorandum is first issued (see Section 130.1501(d) of this Part) or when leave to assign a credit memorandum is requested (see Section 130.1505(a) of this Part.)

(Source: Amended at 13 Ill. Reg. 11824, effective June 29, 1989)

Section 130.1515 Interest

a) Any credit or refund that is allowed under the Act shall bear interest at the rate of 1/2 of 1% per month or fraction thereof from the date when the erroneous payment for which the credit or refund is being allowed was made to the Department until the credit memorandum is issued or the refund is paid. However, no interest will be paid for any period of time prior to April 1, 1969.

b) No interest will be allowed if the overpayment is found by the Department to have been made deliberately for the purpose of drawing

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interest, or if the overpayment is ascertained not to have been bona fide for some other reason.

- c) When a claim that is allowed is paid by means of a credit memorandum instead of by means of a cash refund, the claim will be considered to have been paid when the credit memorandum is issued by the Department to the claimant, and no interest will be allowed or paid by the Department for any period subsequent to that, even if the claimant does not use or assign the credit memorandum immediately after it is issued.

(Source: Amended at 13 Ill. Reg. 11824, effective June 29, 1989)

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- 1) The Heading of the Part: General Rules, Definitions
- 2) Code Citation: 92 Ill. Adm. Code 1000
- 3) Section numbers:

1000.10	<u>Adopted Action:</u>
1000.20	Amendment
1000.50	Amendment
1000.60	Amendment
1000.70	New Section
1000.80	Repealed
1000.120	Amendment
- 4) Statutory Authority: Implementing Section 11-101, Chapter 2 and Section 3-402(B)(7) of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 1-101, 2-101 et seq. and 3-402(B)(7) and authorized by Section 2-104(b) of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 2-104(b)).
- 5) Effective Date of Amendment: July 1, 1989
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: July 1, 1989
- 9) Notice of Proposal Published in Illinois Register:
March 17, 1989, 13 Ill. Reg. 3316
- 10) Has JCAR issued a Statement of Objections to these amendments? No
- 11) Differences between proposal and final version:
 1. Added entry in the main source note so that it is current.
 2. In Section 1000.10(a) changed the statutory reference and citation and Code citation.
 3. In Section 1000.20(c), changed "Secretary of State's Merit Code" to Secretary of State Merit Employment Code". Also in the statutory citation changed "to 119" to "et seq."

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4. In Section 1000.20(d), added the following in front of "I.V.C.":
Illinois Vehicle Title & Registration Law of the. Also the statutory citation is not necessary so it was deleted.
5. The sentence following Section 1000.20(d)(7) was labeled as subsection (e).
6. In Section 1000.50(b), changed the Code citation to 92 Ill. Adm. Code: Chapter II in both instances.
7. In the heading in the text for Section 1000.70, the word (Repealed) is being shown with strike-outs.
8. In Section 1000.70(c), changed the name of the Act and the statutory citation as noted in #3 above. This also applies to subsection (d)(2) of this Section for the title of the Act.
9. In Section 1000.70(d), the statutory citation was deleted.
10. In Section 1000.70(d)(2)(A), the fourth level subsections were labeled with small Roman numerals instead of capital Roman numerals.
11. Rewrote the source note in Section 1000.70.
12. Deleted the last phrase in the last sentence of Section 1000.50(b), consisting of the following text: "deemed to be a part of these Rules and Regulations."
13. In Section 1000.70(c) deleted all text after the word "Manual".
14. Modified Section 1000.70(d)(2)(A)(ii) to read as follows: A written entrance examination developed for police officers with general testing areas including but not limited to, mathematics, logic, reading comprehension, with a passing score of A.
15. Added the following text "(20 Ill. Adm. Code 1720.20.Appendix A) after "Illinois Local Government Law Enforcement Officers Training Board" in Section 1000.70(D)(2)(A)(iii).
16. Added the following text to Section 1000.70(d)(2)(A)(iv): "to determine the applicant's qualifications and suitability for employment in the Department of Police."
17. Added the following language to Section 1000.70(d)(2)(A)(vi): "using standard criteria."

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18. Deleted Section 1000.70(e)(3).
19. Added "of" between "filing" and "the" in Section 1000.70(d)(2)(A)(i).
20. Deleted "a" from the phrase "by a different panels" in Section 1000.70(d)(2)(iv).
21. Replaced "expanded" with "expended" in Section 1000.70(d)(2)(E).
22. In Section 1000.60 made department start with a capital "D".
23. Deleted Section 1000.80.
24. After the words "in accordance with", in Section 1000.70(d)(2), the words "Section 10a of" were added and the statutory citation was amended to reflect "par. 110a" rather than "par. 10a".
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these amendments replace an emergency rule amendment currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rules:
This amendatory rulemaking is part of the Secretary' continuing updating of existing rules. The major purpose of these amendments is to replace archaic terms with current descriptions of applicable parts of the Secretary's office. The changes to Section 1000.10 are for clarification by making specific references to current rules and statutory provisions. The changes to Section 1000.20 describe the current organization of the Secretary's office, refer to the departments created pursuant to the Illinois Vehicle Code, and provide a cross-reference to other rules describing the Secretary's office structure. The amendments to Section 1000.50 and 1000.60 conform the rule to the actual organizational practice. The amendments to Section 1000.120 delete the original language and replace it with a reference to more complete rules pertaining to audits. The amendments to Section 100.70 describe the organization, operation, and merit employment procedures of the Secretary's Department of Police.
- 16) Information and questions regarding these adopted amendments shall be directed to:

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Philip S. Howe
Counsel to the Secretary
298 Centennial Building
Springfield, Illinois 62706
(217)785-3094

The full text of the Adopted Amendments begins on the next page:

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TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1000
GENERAL RULES, DEFINITIONS

Section

1000.10 Definitions
1000.20 Appointment of Subordinates
1000.30 Reciprocity, Prorate and Forfeited Registration Review Board (Repealed)
1000.40 Offices of the Secretary of State
1000.50 Forms
1000.60 Certification of Copies of Records
1000.70 ~~Investigators-(Repealed)~~ Department of Police
1000.80 Enforcement of the Illinois Vehicle Code (Repealed)
1000.90 Hearings (Repealed)
1000.110 Audits and Collections (Repealed)
1000.120 Audit Costs

AUTHORITY: Implementing Section 11-101, Chapter 2 and Section 3-402(B)(7) of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 1-101, 2-101 et seq. and 3-402(B)(7) and authorized by Section 2-104(b) of the Illinois Vehicle Code (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 2-104(b)).

SOURCE: Filed and effective December 15, 1970, amended at 6 Ill. Reg. 2239, effective February 1, 1982; emergency amendment at 6 Ill. Reg. 7152, effective May 28, 1982 for a maximum of 150 days; amended at 6 Ill. Reg. 11067, effective August 26, 1982; codified at 6 Ill. Reg. 12674; amended at 6 Ill. Reg. 15040, effective December 1, 1982; amended at 7 Ill. Reg. 13677, effective October 14, 1982; amended at 8 Ill. Reg. 5353, effective April 6, 1984; amended at 9 Ill. Reg. 2326, effective February 1, 1985; amended at 13 Ill. Reg. 5185, effective April 1, 1989; amended at 13 Ill. Reg. 11844, effective July 1, 1989.

Section 1000.10 Definitions

- a) The definitions set forth in Chapter 1 of the Illinois Vehicle Code (I.V.C.) (Ill. Rev. Stat. 1987, ch. 95 1/2, pars. 1-100 et seq.) shall govern words and phrases in this Part and all Parts within 92 Ill. Adm. Code: Chapter II unless the context clearly requires otherwise.
- b) The definitions in ~~Section 1-101~~ Chapter 1 of the I.V.C. shall apply generally, and such other definitions appearing elsewhere in the I.V.C. shall apply specifically to the Chapter or Article or Section thereof affected.

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- c) The word abbreviation "I.V.C." shall mean The Illinois Vehicle Code, as amended (Ill. Rev. Stat. 1987, ch. 95 1/2, par. 1-100 et seq.).
- d) "Secretary" shall mean the Secretary of State of Illinois.
(Source: Amended at 13 Ill. Reg. 11844, effective July 1, 1989)
- Section 1000.20 Appointment of Subordinates
- a) The Secretary of State shall appoint an Deputy Secretary of State, Assistant Secretary of State, an-Executive-Assistant-to-the-Secretary, Administrative-Assistants, and-Consultants-and, as necessary, such-other-subordinate-officers, -assistants, hearing officers, -examiners, technical-advisors, clerks a General Counsel, Directors and Chief Deputy Directors for the departments established by the Secretary, and other employees as may be necessary in his discretion-to-best-carry-out to administer the provisions of the I.V.C.
- b) The Secretary may further contract with specialists-for-special duties-or-assignments persons as necessary.
- c) Subordinate officers, assistants, and employees and-contractual employees of the Office of the Secretary of State shall be subject to the Illinois Vehicle Code of Conduct for this officer. The Secretary of State Merit Employment Code (Ill. Rev. Stat. 1987, ch. 124, par. 101 et seq.), and the Secretary of State's Policy Manual. Contractors shall be subject to the Secretary of State's Policy Manual.
- d) The departments established by the Secretary of State to administer the Illinois Vehicle Code pursuant to Sections 2-103, 2-104 and 2-115 of the Illinois Vehicle Title & Registration Law of the I.V.C.:
- 1) The Department of Driver Services
 - 2) The Department of Vehicle Services
 - 3) The Department of Accounting Revenue
 - 4) The Department of Police
 - 5) The Department of Senior Citizens and Human Resources
 - 6) The Department of Administrative Hearings

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- 7) The Department of Data Processing
- e) The duties of these departments are set forth at 2 Ill. Adm. Code 550.
(Source: Amended at 13 Ill. Reg. 11844, effective July 1, 1989)
- Section 1000.50 Forms
- a) The Secretary of State shall prescribe, and print or purchase as necessary, all suitable forms and applications, certifications of title, registration cards, drivers licenses and permits and any and all other forms necessary to administer the I.V.C.
- b) Supplies of such forms shall be distributed as necessary to enable residents of the State of Illinois to comply with the I.V.C. and Rates-and-Regulations-promulgated-thereunder, shall-be-on-file-in-the Index-Department-of-the-Office-of-the-Secretary-of-State, in-the-State Capitol, Springfield, Illinois-and-said-forms-shall-thereupon-be deemed-to-be-part-of-these-rules-and-regulations 92 Ill. Adm. Code: Chapter II.
- (Source: Amended at 13 Ill. Reg. 11844, effective July 1, 1989)
- Section 1000.60 Certification of Copies of Records
- Certified copies of Records of the Office of Secretary of State resulting from the administration of the I.V.C., shall be prepared in the Department of the Office of the Secretary of State having the original document or record, and the seal of the Secretary of State shall be affixed by him-in-his-Office-in-the-State-Capitol-Building-in-Springfield the appropriate Department or the Secretary, pursuant to the statute-in-such case-made-and-provided law.
- (Source: Amended at 13 Ill. Reg. 11844, effective July 1, 1989)
- Section 1000.70 Investigators-(Repealed) Department of Police
- a) The investigators authorized pursuant to Section 2-115 of the I.V.C. shall be appointed by the Secretary and organized into the Department of Police.
- b) The Department of Police, which is headquartered in Springfield, Illinois, shall have District headquarters throughout Illinois to enable the Department to best distribute its supervisory responsibilities and work load.

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c) The employees of the Department of Police shall be subject to the Secretary of State Merit Employment Code (Ill. Rev. Stat. 1987, ch. 124, par. 101 et seq.) and the Department of Police's Policy Manual.

d) Sworn personnel

1) Sworn personnel shall mean the peace officers within the Department of Police.

2) The grades of sworn personnel, from lowest to highest, shall be Investigator Trainee, Investigator, Investigator Sergeant, Investigator Lieutenant, and Investigator Commander. Position descriptions for these employees shall be established by the Department of Personnel in accordance with Section 10a of the Secretary of State Merit Employment Code and 80 Ill. Adm. Code 420.210. Sworn personnel shall be selected according to the following procedures:

A) Application and Testing Procedures. Any applicant must complete or pass successfully each of the following application procedures before proceeding to the next procedure.

i) The filing of the standard personnel form application.

ii) A written entrance examination developed for police officers with general testing areas including but not limited to, mathematics, logic, reading comprehension, with a passing score of an A.

iii) A physical ability test, consistent with the physical ability standards set forth by the Illinois Local Governmental Law Enforcement Officers Training Board (20 Ill. Adm. Code 1720.20 Appendix A) for entrance to any of the Illinois certified basic police academies.

iv) Two oral interviews by different panels of sworn officers of the Department in the grade of at least Investigator Sergeant to determine the applicant's qualifications and suitability for employment in the Department of Police.

v) A background investigation for any convictions, to verify the applicant's education record, and a credit check.

vi) A medical and a psychological examination using standard criteria.

B) A veterans preference in accordance with 80 Ill. Adm. Code 420.300(c) will be given to persons who are honorably discharged from any armed force of the United States or any State National Guard.

C) Each person newly hired into the Department shall start as an Investigator Trainee, with a 12 month training period. (80 Ill. Adm. Code 420.320) Upon successful completion of the training period, that person shall be appointed an Investigator, with a 3 month probationary period (80 Ill. Adm. Code 420.360).

D) Applicants may submit their applications for consideration whenever a vacancy occurs.

E) Every applicant must serve at least 24 months as a sworn officer in the Department of Police. Any person who during the first 24 months voluntarily resigns shall pay to the Secretary of State that portion of the training expenses expended which shall remain after subtracting from 24 months the number of months served in the Department of Police. All successful applicants shall sign an agreement to repay these expenses. Refusal or failure to sign this agreement shall be grounds for termination.

e) Miscellaneous provisions pertaining to the Department of Police

1) The Department of Police shall collect a storage fee from any person or entity owning a vehicle which is stored on Secretary of State property for any reason the sum of \$5.00 per day. Such fees shall be deposited in the Road Fund.

2) The Department of Police, to implement Section 3-308 of the I.V.C., shall operate inspection stations at various locations throughout Illinois as the workload of inspecting rebuilt and salvage vehicles requires.

(Source: Section repealed at 9 Ill. Reg. 2326, effective February 1, 1985; new Section adopted at 13 Ill. Reg. 11844, effective July 1, 1989)

Section 1000.80 Enforcement of the Illinois Vehicle Code (Repealed)

a) ~~---To assure full enforcement of the provisions of this Code regulating the operation of vehicles and the use of the highways of~~

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the State of Illinois;--Investigators of the Office of Secretary of State shall cooperate with the State Police, sheriffs and local police; and inspectors of investigators for the Illinois Commerce Commission;

b)---Investigators of this Office shall report violations of Chapter 18 of the I.V.C. to the Illinois Commerce Commission (Ill. Rev. Stat. 1987, ch. 95-1/2, pars. 18-100-et-seq.)

(Source: Repealed at 13 Ill. Reg. 11844, effective July 1, 1989)

Section 1000.120 Audit Costs

a)---Where more than one applicant is audited on the same out-of-state trip, the transportation expenses shall be apportioned.---Where one of the applicants audited is assessed with a deficiency and another is not, the expenses shall still be apportioned between those applicants; yet the Office of the Secretary of State shall assume the expenses of the audit as to the applicant without a deficiency.

b)---No charge shall be assessed for a trainee being trained on the job by an auditor, where the trainee does not contribute to the audit work product.

c)---For purposes of auditing an IRP (International Registration Plan) carrier, any amount of deficiency found for any member jurisdiction shall be considered due the State of Illinois, if Illinois is the base jurisdiction as defined in the IRP.

Audit costs shall be assessed as specified in 92 Ill. Adm. Code 1003.

(Source: Amended at 13 Ill. Reg. 11844, effective July 1, 1989)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) The Heading of the Part: Pay Plan

2) The Code Citation: 80 Ill. Adm. Code 310

3) Section Numbers: Emergency Action:

310.110 Amended
310.130 Amended
310.530 Amended
310.540 Amended
310. Appendix B Amended
310. Appendix C Amended
310. Appendix D Amended

4) The specific statutory citation upon which the rule is based and authorized:

Illinois Revised Statutes 1987, ch. 127, par. 63b108a(2)

5) The effective date of the rule: July 1, 1989

6) If this emergency rule is to expire before the end of the 150 days period, please specify the date:

The emergency amendments will extend to the full 150 days.

7) Date filed in Agency's principle office: July 1, 1989

8) The reason for the emergency:

These emergency amendments are necessary to reflect the Fiscal Year 1990 changes to the Pay Plan. The changes occurring in the Pay Plan affect the Schedule of Salary Grades, Physician Administrator and Medical Facilities Administrator Rates, and the Merit Compensation System Schedule.

It is imperative that the salary changes become effective July 1, 1989, so that these above employee groups will maintain appropriate relationship with the majority of code employees who are covered by contracts, and so that salary increases are applied consistently throughout the fiscal year.

9) A Complete Description of the Subjects and Issues Involved:

In Sections 310.110, 310.130, 310.530, and 310.540, the dates are being updated to reflect the new fiscal year. Also, in Section 310.110, paragraph (b) pertaining to "Extended Service Lump Sum Payment" is being deleted. In Section 310.530, paragraph (c) which

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NOTICE OF EMERGENCY AMENDMENTS

explains if the old Merit Compensation guidechart was used to equate the amount of percentage increase given to an employee on their performance review date since the newer guidechart was filed after July 1, 1988, a lump sum payment equal to the difference would be forthcoming to the employee. Both these narratives no longer apply.

In Section 310, Appendix B, the Schedule of Salary Grades is being amended to reflect a 3.5% increase, in order to maintain a parity with increases negotiated and provided under the major collective bargaining contracts.

In Section 310, Appendixes C and D, the maximum salary of the Physician Administrator and Medical Facilities Administrator Rates, and the Merit Compensation System Salary Schedule are being increased by 3.5%. The minimum salary will remain unchanged from the previous fiscal year. The "Midpoint Salary" is revised to reflect the new midpoint between the minimum and new maximum rates. The "Merit Pay Zone Limit" of the Merit Compensation System Salary Schedule is being increased by 5% of the new maximum rate.

10) Are there any proposed amendments pending to this part? Yes

Section Numbers	Proposed Action	Ill. Reg. Citation
310.230	Amended	13 Ill. Reg. <u>11117</u>
310.290	Amended	13 Ill. Reg. <u>11117</u>
310. App. A, Tab. A	Amended	13 Ill. Reg. <u>11117</u>
310. App. A, Tab. B	Amended	13 Ill. Reg. <u>11117</u>

11) Statement of Statewide Policy Objectives:

This rulemaking does not affect local government units.

12) The name, address and telephone number of the person to whom information and questions regarding this adopted rule shall be directed to:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706

Telephone: (217) 782-5601

The full text of the Emergency Rule is as follows:

ILLINOIS REGISTER

11856
89

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section

Policy and Responsibilities

310.20 Jurisdiction

310.30 Pay Schedules

310.40 Definitions

310.50 Conversion of Base Salary to Pay Period Units

310.60 Conversion of Base Salary to Daily or Hourly Equivalents

310.70 Increases in Pay

310.80 Decreases in Pay

310.90 Other Pay Provisions

310.100 Implementation of Pay Plan Changes, Effective July 1, 1988~~1989~~

EMERGENCY

310.110 Interpretation and Application of Pay Plan

310.120 Effective Date

EMERGENCY

310.130 Reinstitution of Within Grade Salary Increases

310.140 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section

310.205 Introduction

310.210 Prevailing Rate

310.220 Negotiated Rate

310.230 Part-Time Daily or Hourly Special Services Rate

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310.240 Hourly Rate

310.250 Member, Patient and Inmate Rate

310.260 Trainee Rate

310.270 Legislated and Contracted Rate

310.280 Designated Rate

310.290 Out-of-State or Foreign Service Rate

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310.300 Education Rate

310.310 Physician Specialist Rate

310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections

310.330 Excluded Classes Rate (Repealed)

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SUBPART C: MERIT COMPENSATION SYSTEM

Section	Jurisdiction
310.410	Objectives
310.420	Responsibilities
310.430	Merit Compensation Salary Schedule
310.440	Procedures for Determining Annual Merit Increases
310.450	Intermittent Merit Increase
310.455	Merit Zone
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
EMERGENCY	Annual Merit Increase Guidechart for Fiscal Year 1989/1990
EMERGENCY	Fiscal Year 1985 Pay Changes in Merit Compensation System
310.550	effective July 1, 1984 (Repeated)

APPENDIX A	Negotiated Rates of Pay
TABLE A	HR-190 (Department of Central Management Services - State of Illinois Building - SEIU)
TABLE B	HR-200 (Department of Labor - Chicago, Illinois - SEIU)
TABLE C	RC-069 (Firefighters, AFSCME)
TABLE D	HR-001 (Teamsters Local #726)
TABLE E	RC-020 (Teamsters Local #330)
TABLE F	RC-019 (Teamsters Local #25)
TABLE G	RC-045 (Automotive Mechanics, ISEA)
TABLE H	RC-006 (Corrections Employees, AFSCME)
TABLE I	RC-009 (Institutional Employees, AFSCME)
TABLE J	RC-014 (Clerical Employees, AFSCME)
TABLE K	RC-023 (Registered Nurses, INA)
TABLE L	VR-004 (Illinois State Treasurer's Office Employees, Teamsters and IFT)
TABLE M	RC-027 (Educators, AFSCME) (Repealed)
TABLE N	RC-027 (Physician Rates, AFSCME) (Repealed)
TABLE O	RC-028 (Paraprofessional Human Services Employees, AFSCME)
TABLE P	RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, ISEA)
TABLE Q	RC-033 (Meat Inspectors, ISEA)
TABLE R	RC-042 (Residual Maintenance Workers, AFSCME)
TABLE S	HR-012 (Fair Employment Practices Employees, SEIU)
TABLE T	HR-010 (Teachers of Deaf, IFT)

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TABLE U	HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
TABLE V	CU-500 (Corrections, Meet and Confer Employees)
TABLE W	RC-062 (Technical Employees, AFSCME)
TABLE X	RC-063 (Professional Employees, AFSCME)
TABLE Y	RC-063 (Educators, AFSCME)
TABLE Z	RC-063 (Physicians, AFSCME)
APPENDIX B	Schedule of Salary Grades - Monthly and Annual Rates of Pay for Fiscal Year 1990
EMERGENCY	Physician Administrator Rates and Medical Facilities
APPENDIX C	Administrator Rates for Fiscal Year 1989/1990
EMERGENCY	Merit Compensation System Salary Schedule for Fiscal Year 1989/1990
APPENDIX D	Merit Compensation System Salary Schedule for Fiscal Year 1989/1990
EMERGENCY	Teaching Salary Schedule (Repealed)
APPENDIX E	Physician and Physician Specialist Salary Schedule (Repealed)
APPENDIX F	

AUTHORITY: Implementing and authorized by Section 8a(2) of the Personnel Code (Ill. Rev. Stat. 1987, ch. 127, par. 63b108a(2)).

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill.

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Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendments at 10 Ill. Reg. 17785, effective September 30, 1986, for a maximum of 105 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days;

Section 310.110 Implementation of Pay Plan Changes, Effective July 1, 1988/1989

- a) Effective July 1, 1988, the rates of pay for all employees occupying positions subject to the Schedule of Salary Grades shall be as set out in Appendix B, Schedule of Salary Grades -- Monthly and Annual Rates of Pay for Fiscal Year 1990.

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NOTICE OF EMERGENCY AMENDMENTS

b) Extended Service Lump-Sum Payment

1) Effective July 1, 1979, all employees, except emergency or temporary occupying positions subject to the Schedule of Salary Grades (Appendix B), who have three years of creditable service at Step 7 of their current position classification shall receive an extended service lump-sum payment of \$100. Employees reaching three years creditable service on Step 7 shall receive the extended service lump-sum payment of \$100. Any employee with an uninterrupted total of three years creditable service at Step 7 of a higher grade and Step 7 of his/her current grade shall also be eligible for such payment. Employees temporarily off the payroll shall be entitled to this payment upon return to the active payroll.

2) Effective July 1, 1984, all employees whose positions are subject to Appendix B, Schedule of Salary Grades -- Monthly and Annual Rates of Pay, who have five (5) or more years or upon reaching five (5) years of creditable service at Step 7 of their current position classification shall receive a one-time extended service lump-sum payment of \$150. Payment shall become effective upon an employee having at least five (5) years or upon reaching their five (5) year anniversary date. Any employee with an uninterrupted total of five (5) years creditable service at Step 7 of a higher grade and Step 7 of his/her current grade shall also be eligible for such payment. Employees temporarily off the payroll shall be entitled to this payment upon return to the active payroll.

3) Effective July 1, 1985, all employees whose positions are subject to Appendix B, Schedule of Salary Grades -- Monthly and Annual Rates of Pay, after being eligible to receive the Extended Service Lump-Sum Payment as outlined in paragraph b) 2) shall twenty-four months from the date they were eligible to receive the \$150 payment shall receive an additional \$200 one-time lump-sum payment for such creditable service at Step 7 of the same position classification. Any employee with an uninterrupted total of twenty-four months of creditable service at Step 7, as described, of a higher grade and Step 7 of his/her current grade in the same position classification shall also be eligible for such payment. Employees temporarily off the payroll shall be entitled to this payment upon return to the active payroll.

4) After employees who are eligible and have received an increase under this Section as enumerated above, the language in this Section is no longer applicable.

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(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

Section 310.130 Effective Date .
EMERGENCY

The effective date of this Pay Plan Narrative (Subpart A), Schedule of Rates (Subpart B), and Schedule of Salary Grades (Appendix B), shall be July 1, 1988/1989.

(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

Section 310.530 Implementation
EMERGENCY

- a) The salary schedule for the Merit Compensation System for Fiscal Year 1989 1990 is increased and set forth in Appendix D of the Pay Plan.
- b). The Merit Increase Guidechart for Fiscal Year 1989 1990 is as set forth in Section 310.540 of the Pay Plan.

- c) Any employee with a July 1, 1988 performance review date who received a salary payment that did not reflect use of the Merit Increase Guidechart for Fiscal Year 1989 as set out in Section 310.540 shall receive a lump-sum payment equal to the difference between what was initially paid and what is determined to be appropriate by use of the Merit Increase Guidechart.

(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

Section 310.540 Annual Merit Increase Guidechart for Fiscal Year 1989 1990
EMERGENCY

Category	Definition	Allowable Increase
Category 1	Significantly surpasses objectives	5-8%
Category 2	Fully accomplishes objectives	2-5%
Category 3	Marginally accomplishes objectives	0-2%
Category 4	Unacceptable accomplishment of objectives	0%

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(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

Section 310. Appendix B Schedule of Salary Grades -- Monthly and Annual Rates of Pay for Fiscal Year 1990
EMERGENCY

Effective July 1, 1988

Grade	Minimum Step-1	Step-2	Step-3	Step-4	Step-5	Step-6	Maximum Step-7
--1	12,082 12,984	13,115 13,380	13,146 13,752	13,178 14,136	13,215 14,580	13,247 14,964	13,306 15,672
--2	13,115 13,380	13,146 13,752	13,178 14,136	13,217 14,604	13,252 15,024	13,286 15,432	13,347 16,164
--3	13,146 13,752	13,178 14,136	13,218 14,616	13,255 15,060	13,290 15,480	13,328 15,936	13,395 16,740
--4	13,178 14,136	13,218 14,616	13,257 15,084	13,294 15,528	13,336 16,032	13,374 16,488	13,444 17,328
--5	13,218 14,616	13,259 15,108	13,300 15,600	13,342 16,104	13,383 16,596	13,423 17,076	13,494 17,928
--6	13,259 15,108	13,301 15,612	13,344 16,128	13,388 16,656	13,433 17,196	13,479 17,748	13,556 18,672
--7	13,301 15,612	13,347 16,164	13,393 16,716	13,442 17,304	13,489 17,868	13,537 18,444	13,620 19,440
--8	13,347 16,164	13,398 16,776	13,448 17,376	13,502 18,024	13,552 18,624	13,604 19,248	13,689 20,268
--9	13,398 16,776	13,450 17,400	13,507 18,084	13,560 18,720	13,619 19,428	13,675 20,100	13,761 21,132
--10	13,452 17,424	13,514 18,168	13,570 18,840	13,630 19,560	13,687 20,244	13,749 20,988	13,844 22,128
--11	13,515 18,180	13,579 18,948	13,638 19,656	13,704 20,448	13,767 21,204	13,828 21,936	13,929 23,148

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NOTICE OF EMERGENCY AMENDMENTS

Grade	Minimum Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Maximum Step 7
-12	1,587 19,044	1,654 19,848	1,718 20,616	1,788 21,456	1,854 22,248	1,920 23,076	2,031 24,932
-13	1,656 19,872	1,727 20,724	1,800 21,600	1,872 22,464	1,944 23,328	2,018 24,216	2,133 25,156
-14	1,736 20,832	1,813 21,756	1,888 22,656	1,972 23,664	2,048 24,576	2,127 25,524	2,249 26,988
-15	1,814 21,768	1,899 22,788	1,980 23,760	2,061 24,732	2,146 25,752	2,226 26,712	2,358 28,296
-16	1,904 22,848	1,993 23,916	2,085 25,020	2,171 26,052	2,262 27,144	2,352 28,224	2,492 29,904
-17	1,999 23,988	2,094 25,128	2,191 26,292	2,283 27,396	2,376 28,512	2,472 29,664	2,620 31,440
-18	2,106 25,272	2,209 26,508	2,311 27,732	2,415 28,980	2,516 30,192	2,615 31,380	2,771 33,252
-19	2,221 26,652	2,333 27,996	2,443 29,316	2,556 30,672	2,664 31,968	2,776 33,312	2,944 35,328
-20	2,347 28,164	2,464 29,568	2,580 30,960	2,702 32,424	2,819 33,828	2,934 35,208	3,115 37,380
-21	2,478 29,736	2,606 31,272	2,731 32,772	2,858 34,296	2,988 35,856	3,112 37,344	3,306 39,672
-22	2,619 31,428	2,756 33,072	2,891 34,692	3,026 36,312	3,166 37,992	3,299 39,588	3,503 42,936
Grade	Minimum Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Maximum Step 7
1	1,120 13,440	1,154 13,848	1,186 14,232	1,219 14,628	1,258 15,096	1,291 15,492	1,352 16,224
2	1,154 13,848	1,186 14,232	1,219 14,628	1,260 15,120	1,296 15,552	1,331 15,972	1,394 16,728

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Grade	Minimum Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Maximum Step 7
3	1,186 14,232	1,219 14,628	1,261 15,132	1,299 15,588	1,335 16,020	1,374 16,488	1,444 17,328
4	1,219 14,628	1,261 15,132	1,301 15,612	1,339 16,068	1,383 16,596	1,422 17,064	1,495 17,940
5	1,261 15,132	1,303 15,636	1,346 16,152	1,389 16,668	1,431 17,172	1,473 17,676	1,546 18,552
6	1,303 15,636	1,347 16,164	1,391 16,692	1,437 17,244	1,483 17,796	1,531 18,372	1,610 19,320
7	1,347 16,164	1,394 16,728	1,442 17,304	1,492 17,904	1,541 18,492	1,591 19,092	1,677 20,124
8	1,394 16,728	1,447 17,364	1,499 17,988	1,555 18,660	1,606 19,272	1,660 19,920	1,748 20,976
9	1,447 17,364	1,501 18,012	1,560 18,720	1,615 19,380	1,676 20,112	1,734 20,808	1,823 21,876
10	1,503 18,036	1,567 18,804	1,625 19,500	1,687 20,244	1,746 20,952	1,810 21,720	1,909 22,908
11	1,568 18,816	1,634 19,608	1,695 20,340	1,764 21,168	1,829 21,948	1,892 22,704	1,997 23,964
12	1,643 19,716	1,712 20,544	1,778 21,336	1,851 22,212	1,919 23,028	1,990 23,880	2,102 25,224
13	1,714 20,568	1,787 21,444	1,863 22,356	1,938 23,256	2,012 24,144	2,089 25,068	2,208 26,496
14	1,797 21,564	1,876 22,512	1,954 23,448	2,041 24,492	2,120 25,440	2,201 26,412	2,328 27,936
15	1,877 22,524	1,965 23,580	2,049 24,588	2,133 25,596	2,221 26,652	2,304 27,648	2,441 29,292
16	1,971 23,652	2,063 24,756	2,158 25,896	2,247 26,964	2,341 28,092	2,434 29,208	2,579 30,948

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Grade	Minimum Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Maximum Step 7
17	2,069 24,828	2,167 26,004	2,268 27,216	2,363 28,356	2,459 29,508	2,559 30,708	2,712 32,544
18	2,180 26,160	2,286 27,432	2,392 28,704	2,500 30,000	2,604 31,248	2,707 32,484	2,868 34,416
19	2,299 27,588	2,415 28,980	2,529 30,348	2,645 31,740	2,757 33,084	2,873 34,476	3,047 36,564
20	2,429 29,148	2,550 30,600	2,670 32,040	2,797 33,564	2,918 35,016	3,037 36,444	3,224 38,688
21	2,565 30,780	2,697 32,364	2,827 33,924	2,958 35,496	3,093 37,116	3,221 38,652	3,422 41,064
22	2,711 32,532	2,852 34,224	2,992 35,904	3,132 37,584	3,277 39,324	3,414 40,968	3,626 43,512

(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

Section 310. Appendix C - Physician Administrator Rates and Medical Facilities
EMERGENCY Administrator Rates for Fiscal Year 1989 1990

Title	Minimum Salary	Midpoint Salary	Maximum Salary
Medical-Facilities-Adminis- --trator-I-Option-C	5,708 68,496	6,726 80,712	7,744 92,928
Medical-Facilities-Adminis- --trator-I-Option-D	6,375 76,500	7,410 88,920	8,445 101,340
Medical-Facilities-Adminis- --trator-II-Option-C	6,167 74,004	7,196 86,352	8,225 98,700

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Title	Minimum Salary	Midpoint Salary	Maximum Salary
Medical-Facilities-Adminis- --trator-II-Option-D	7,083 84,996	8,141 97,692	9,199 110,388
Medical-Facilities-Adminis- --trator-III	7,334 88,008	8,392 100,704	9,450 113,400
Physician-Administrator-I	4,508 54,096	5,421 65,052	6,334 76,008
Physician-Administrator-II	4,628 55,536	5,565 66,780	6,502 78,024
Physician-Administrator-III	4,752 57,024	5,715 68,580	6,678 80,136
Physician-Administrator-IV	5,000 60,000	5,000 71,148	6,858 82,296
Physician-Administrator-V	5,309 63,708	6,127 73,524	6,945 83,340

The rates of pay for physicians occupying or appointed to a position in the Physician-Administrator classes and the Medical Facilities Administrator classes shall be as listed in the above schedule. All provisions of Subpart C of the Pay Plan, Merit Compensation System will apply to Physician Administrator positions and the Medical Facilities Administrator classes.

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Title	Minimum Salary	Midpoint Salary	Maximum Salary
Medical Facilities Administrator I Option C	5,708 <u>68,496</u>	6,862 <u>82,344</u>	8,016 <u>96,192</u>
Medical Facilities Administrator I Option D	6,375 <u>76,500</u>	7,558 <u>90,696</u>	8,741 <u>104,892</u>
Medical Facilities Administrator II Option C	6,167 <u>74,004</u>	7,340 <u>88,080</u>	8,513 <u>102,156</u>
Medical Facilities Administrator II Option D	7,083 <u>84,996</u>	8,302 <u>99,624</u>	9,521 <u>114,252</u>
Medical Facilities Administrator III	7,334 <u>88,008</u>	8,558 <u>102,696</u>	9,782 <u>117,384</u>
Physician Administrator I	4,508 <u>54,096</u>	5,532 <u>66,384</u>	6,556 <u>78,672</u>
Physician Administrator II	4,628 <u>55,536</u>	5,679 <u>68,148</u>	6,730 <u>80,760</u>
Physician Administrator III	4,752 <u>57,024</u>	5,832 <u>69,984</u>	6,912 <u>82,944</u>
Physician Administrator IV	5,000 <u>60,000</u>	6,049 <u>72,588</u>	7,098 <u>85,176</u>
Physician Administrator V	5,309 <u>63,708</u>	6,249 <u>74,988</u>	7,189 <u>86,268</u>

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

The rates of pay for physicians occupying or appointed to a position in the Physician Administrator classes and the Medical Facilities Administrator Classes shall be as listed in the above schedule. All provisions of Subpart C of the Pay Plan, Merit Compensation System will apply to Physician Administrator positions and the Medical Facilities Administrator Classes.

(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

Section 310. Appendix D - Merit Compensation System Salary Schedule for Fiscal Year 1989 1990

Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary	Merit-Pay Zone-Limit
MG--1	\$-1,511 <u>48,132</u>	\$-1,886 <u>22,632</u>	\$-2,261 <u>27,132</u>	\$-2,374 <u>28,488</u>
MG--2	1,577 <u>18,924</u>	1,982 <u>23,784</u>	2,387 <u>28,644</u>	2,506 <u>30,072</u>
MG--3	1,653 <u>19,836</u>	2,096 <u>25,152</u>	2,539 <u>30,468</u>	2,666 <u>31,992</u>
MG--4	1,728 <u>20,736</u>	2,193 <u>26,316</u>	2,658 <u>31,896</u>	2,791 <u>33,492</u>
MG--5	1,813 <u>21,756</u>	2,320 <u>27,840</u>	2,827 <u>33,924</u>	2,968 <u>35,616</u>
MG--6	1,904 <u>22,848</u>	2,438 <u>29,256</u>	2,972 <u>35,664</u>	3,121 <u>37,452</u>
MG--7	2,006 <u>24,072</u>	2,585 <u>31,020</u>	3,164 <u>37,968</u>	3,322 <u>39,864</u>
MG--8	2,115 <u>25,380</u>	2,742 <u>32,904</u>	3,369 <u>40,428</u>	3,537 <u>42,444</u>
MG--9	2,235 <u>26,820</u>	2,894 <u>34,728</u>	3,559 <u>42,636</u>	3,731 <u>44,772</u>
MG--10	2,360 <u>28,320</u>	3,081 <u>36,972</u>	3,842 <u>45,624</u>	3,992 <u>47,904</u>

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary	Merit Pay Zone Limit
MC-11	2,494 29,928	3,270 39,240	4,046 48,552	4,248 50,976
MC-12	2,647 31,764	3,488 41,856	4,329 51,948	4,545 54,540
MC-13	2,826 33,912	3,729 44,748	4,632 55,584	4,864 58,368
MC-14	3,024 36,288	4,004 48,048	4,984 59,808	5,233 62,796
MC-15	3,245 38,940	4,291 51,492	5,337 64,044	5,604 67,248
MC-16	3,475 41,700	4,611 55,332	5,747 68,964	6,034 72,408
MC-17	3,749 44,988	4,977 59,724	6,205 74,460	6,515 78,180
MC-18	4,041 48,492	5,202 62,424	6,363 76,356	6,681 80,172
MC-19	4,365 52,380	5,438 65,256	6,511 78,132	6,837 82,044
Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary	Merit Pay Zone Limit
MC 1	\$ 1,511 18,132	\$ 1,926 23,112	\$ 2,341 28,092	\$ 2,458 29,496
MC 2	1,577 18,924	2,024 24,288	2,471 29,652	2,595 31,140
MC 3	1,653 19,836	2,141 25,692	2,629 31,548	2,760 33,120
MC 4	1,728 20,736	2,240 26,880	2,752 33,024	2,890 34,680

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary	Merit Pay Zone Limit
MC 5	1,813 21,756	2,370 28,440	2,927 35,124	3,073 36,876
MC 6	1,904 22,848	2,490 29,880	3,076 36,912	3,230 38,760
MC 7	2,006 24,072	2,641 31,692	3,276 39,312	3,440 41,280
MC 8	2,115 25,380	2,801 33,612	3,487 41,844	3,661 43,932
MC 9	2,235 26,820	2,956 35,472	3,677 44,124	3,861 46,332
MC 10	2,360 28,320	3,148 37,776	3,936 47,232	4,133 49,596
MC 11	2,434 29,928	3,341 40,092	4,188 50,256	4,397 52,764
MC 12	2,647 31,764	3,564 42,768	4,481 53,772	4,705 56,460
MC 13	2,826 33,912	3,810 45,720	4,794 57,528	5,034 60,408
MC 14	3,024 36,288	4,091 49,092	5,158 61,896	5,416 64,992
MC 15	3,245 38,940	4,385 52,620	5,525 66,300	5,801 69,612
MC 16	3,475 41,700	4,712 56,544	5,949 71,388	6,246 74,952
MC 17	3,749 44,988	5,086 61,032	6,423 77,076	6,744 80,928
MC 18	4,041 48,492	5,314 63,768	6,587 79,044	6,916 82,992

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary	Merit Pay Zone Limit
MC 19	4,365 52,380	5,552 66,624	6,739 80,868	7,076 84,912

(Source: Emergency Amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days)

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- 1) Heading of the Part: Administrative Hearings And Appeals
- 2) Code Citation: 56 Ill. Adm. Code 2725
- 3) Section Numbers:
 - 2725.20 Emergency Action:
 - 2725.100 Amended Section
 - 2725.105 Amended Section
 - 2725.120 Amended Section
 - 2725.270 Amended Section
- 4) Statutory Authority: Ill. Rev. Stat., 1987, ch. 48, pars. 451, 452, 453, 456, 571, 571.1, 572, 572.1, 578, 579, 580, 610, 611, 680, 681, 683, 700, 702, 703, 704 and 705, as amended by P. A. 86-0003, effective July 1, 1989
- 5) Effective Date of Rules: July 1, 1989
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:
- 7) Date filed in Agency's Principal Office: June 21, 1989
- 8) Reason for Emergency: The Agency had proposed rules for implementing this extensive amendment (Section 1502.1 of the Act) to the Unemployment Insurance program. However, the General Assembly recently passed Public Act 86-0003 which extensively amended this key Section of the Unemployment Insurance Act, effective July 1, 1989, so as to necessitate Emergency Amendments until such time as the Agency can complete the normal Notice and Comment process.
- 9) Complete Description of the Subjects and Issues Involved: These emergency amendments update the various hearing rules which refer to benefit wage charging. Effective July 1, 1989, benefit wages will be replaced by benefit charges. Also, effective July 1, 1989, the "chargeable employer" will incur the benefit charges instead of the base period employers who incurred the benefit wage charges.
- 10) Are there any other proposed amendments pending on this Part? No.

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- 11) Statement of Statewide Policy Objective? Not Applicable.
- 12) Information and questions regarding this amendment shall be directed to:

Stella Adams Cuthbert, Commissioner
 Illinois Department of Employment Security
 401 South State Street - 2nd Floor South
 Chicago, IL 60605
 312-793-4240

The full text of the emergency amendments begins on the next page:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF EMERGENCY AMENDMENTS

TITLE 56: LABOR AND EMPLOYMENT
 CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
 SUBCHAPTER a: GENERAL PROVISIONS

PART 2725
 ADMINISTRATIVE HEARINGS AND APPEALS

SUBPART A: GENERAL PROVISIONS

Section

Definitions

Burden Of Proof

Designation Of Agents

Computation Of Time

Disqualification Of Agency Employee

Request For Clarification

EMERGENCY

Form Of Papers Filed

2725.25

SUBPART B: FILING OF APPLICATIONS AND CLAIMS FOR RELIEF

2725.100 Application For Revision Of Statement Of Benefit Wages
 EMERGENCY
 2725.105 Application For Review Of Rate Determination

EMERGENCY

Protest Of Determination And Assessment

Claim For Adjustments (Credits) And Refunds

Application For Cancellation Of Benefit Wages Or Benefit

Charges Due To Lack Of Notice

EMERGENCY

SUBPART C: APPEAL TO DIRECTOR'S REPRESENTATIVE

Filing Of Appeal

Pre-Hearing Conference

Notice Of Hearing

Preparation For The Hearing

Telephone Hearings

Ex Parte (One Party Only) Communications

Subpoenas

Depositions

Consolidation Or Severance Of Proceedings

Withdrawal Of Petition For Hearing

2725.240

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2725.245 Continuances
 2725.250 Conduct Of Hearing
 2725.255 Rules Of Evidence
 2725.260 Oral Argument-Memoranda-Post Hearing Documents
 2725.265 The Record
 2725.270 Recommended Decision

EMERGENCY

2725.275 Objections To Recommended Decision
 2725.280 Decision Of Director

AUTHORITY: Implementing and authorized by Sections 701, 702, 703, 706, 1501, 1501.1, 1502, 1502.1, 1508, 1509, 1510, 1700, 1701, 2200, 2201, 2203, 2300, 2301, 2302, 2304 and 2305 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 451, 452, 453, 456, 571, 571.1, 572, 572.1, 578, 579, 580, 610, 611, 680, 681, 683, 700, 702, 703, 704 and 705, as amended by P. A. 86-0003, effective July 1, 1989).

SOURCE: Adopted at 11 Ill. Reg. 11065, effective July 1, 1987; amended at 12 Ill. Reg. 14653, effective September 6, 1988; amended at 12 Ill. Reg. 16060, effective September 23, 1988; emergency amendments at 13 Ill. Reg. 11872, effective July 1, 1989, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 2725.20 Request For Clarification
 EMERGENCY

Any employer may request clarification of information contained on a "Statement of Benefit Wages" or a "Statement of Benefit Charges" (Ben-118), "Notice of Employer's Contribution Rate" (ER-5) or "Determination and Assessment" by contacting the Department of Employment Security, Division of Revenue, at the address or telephone number listed on such applicable form. However, such response by the Revenue Division shall be for informational and clarification purposes only and not binding on either the employer or the Agency.

(Source: Emergency Amendment at 13 Ill. Reg. 11872 effective July 1, 1989, for a maximum of 150 days)

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF EMERGENCY AMENDMENTS

SUBPART B: FILING OF APPLICATIONS AND CLAIMS FOR RELIEF

Section 2725.100 Application For Revision Of Statement Of Benefit Wages Or Of Statement Of Benefit Charges
 EMERGENCY

a) Applications for Revision of the Statement of Benefit Wages or the Statement of Benefit Charges must be filed at the address specified on ~~the~~ such Statement of Benefit Wages ~~(Ben-118)~~, within 45 days of the mailing of such Statement, as provided in Section 1508 of the Act.

b) A sufficient Application shall set forth: the name and Social Security account number of each claimant whose benefit wages or benefit charges are contested; the amount of benefit wages or benefit charges contested or the weeks of benefit wages or benefit charges contested; the year and quarter of the Statement of Benefit Wages ~~(Ben-118)~~ contested; and a Statement of facts providing the basis for relief upon which the employer relies in its Application.

1) If the employer is charged benefit wages and did not receive notice of the claim, despite the Agency's record of the mailing date of a "Notice of Finding to a Base Period Employer" (BIS-305) shown on the Statement of Benefit Wages (Ben-118), the employer states this fact and the reasons why the payment of benefits to the claimant for the weeks charged, or the charging of benefit wages to the employer, is improper.

A) If an employer was served with a Notice of Finding or Reconsidered Finding (BIS-305) pursuant to Section 701 or 703 of the Act, the employer may not object to the benefit wages on the basis that the employer was not an employer during the base period of the claimant, that the claimant was not performing services in employment for the employer or that the wages as shown on such finding are incorrect.

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B) If an employer was served with a Notice of Finding (BIS-305), the employer's remedy for relief of the benefit wages is an appeal of the finding pursuant to Section 800 of the Act or a request for reconsideration of the finding pursuant to Section 703 of the Act with the Claims Adjudicator at the local office where the claimant filed for benefits.

C) If the finding is subsequently modified or reversed, the benefit wages will be modified or cancelled, as appropriate, through the operation of Section 706 of the Act. (See 56 Ill. Adm. Code 2720).

2) If an employer alleges that the benefit wages or benefit charges arose from the payment of benefits to a claimant for weeks of eligibility to which the employer was entitled to notice of a determination pursuant to Sections 702 or 703 of the Act, and was not notified of such determination of eligibility and the claimant was improperly paid benefits, the employer must show that it filed in response to notice of the claim, a timely (see 56 Ill. Adm. Code 2720.30) and sufficient Notice of Possible Ineligibility or letter in lieu thereof alleging that the claimant was ineligible for benefits for the weeks charged and did not receive a determination of eligibility or decision holding the Notice of Possible Ineligibility or letter in lieu thereof as insufficient or untimely.

A) A copy of the allegedly unanswered Notice of Possible Ineligibility or letter in lieu thereof must be included with the Application, together with any subsequent documentation where applicable, such as a Referee or Board of Review decision holding the Notice of Possible Ineligibility as sufficient.

B) If the employer did not file a timely and sufficient Notice of Possible Ineligibility or letter in lieu thereof in response to the notice of claim or if a determination of

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eligibility was served upon the employer, the employer may not object to the benefit wages or benefit charges that arose from the determination of eligibility for benefits expaid to the claimant for the weeks charged. In such a case, the employer's remedy is to request a reconsidered determination from the local office Claims Adjudicator where the claimant filed for benefits, pursuant to Section 703 of the Act or to file an appeal to the determination under Section 800 of the Act.

C) If the determination of eligibility for the weeks charged is reversed, the employer will receive appropriate relief from the benefit wages or from the benefit charges charged through the operation of Section 706 of the Act.

3) When the employer alleges that a clerical error was made by the Agency, the nature of the clerical error and its effect on the benefit wages or benefit charges must be clearly stated. A copy of the material bearing the error must accompany the Application.

4) Where the employer alleges that the benefit wages are non-chargeable because part-time work provided by the employer during the claimant's base period was continued into the applicable benefit year pursuant to Section 1501F of the Act, there must be a specific allegation that the employer provided during the applicable benefit year substantially the same part-time work as he did during the base period of the claimant. In determining whether the part-time work is substantially the same as provided in the base period, consideration shall be given to the number of hours worked and the amount of wages earned. The employer must furnish information to support the allegations, which may include a record of earnings and working hours in each calendar week following the initial claim during the period covered by the Statement of

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Benefit Wages (Ben-118) and an equivalent record showing that earnings and working hours are on the same basis and substantially the same amount as during the base period of the claimant while performing services for the employer.

- c) An Application which does not specify the factual basis for relief sought or otherwise fails to meet the criteria in subsection (a) and (b) shall be ruled insufficient, and the Director shall serve notice of such ruling and the basis therefor upon the employer. The ruling shall be final and conclusive unless the employer files, within 20 days of the date of mailing of the ruling, a written objection or a revised Application for Revision of the Statement of Benefit Wages or Statement of Benefit Charges, specifically responding to the reasons the original Application was ruled insufficient. The written objection or revised Application be shall reviewed and an order issued. An employer disagreeing with such order may appeal to a Director's Representative under Subpart C of this Part if such appeal is taken within 20 days of the date of mailing of the order.

- 1) Where an employer alleges that benefit wages should have been transferred from such employer's account to the next subsequent employer pursuant to Section 1501F of the Act, reference must be made to, and a copy furnished of, the Notice of Claims Adjudicator's Decision (Ben-135) or the Director's Decision, which is the basis for the requested transfer.

- A) No transfer of benefit wages may be initiated through an Application for Revision of Statement of Benefit Wages, but must be requested from the Claims Adjudicator at the local office where the claim was filed.

- B) If an employer has previously submitted a request for transfer of benefit wages with the local office, it should resubmit the request with proof of filing the original request.

- 2) Where an employer alleges that a claimant was not an unemployed individual under Section 239 of the Act during a period when such claimant was paid benefits, no relief shall be available under Section 1508 of the Act, but the matter shall be referred to the local office where the claimant last filed a claim for benefits for investigation to which such employer shall be a party. If the claimant is determined ineligible, appropriate relief will be granted to such employer under Section 706 of the Act.

- 3) Where an employer alleges that his Statement of Benefit Charges is incorrect because it is not the chargeable employer pursuant to Section 1502.1 of the Act, such Application must contain a reference to and a copy of the decision which reverses the claims adjudicator and holds that the employer is not the chargeable employer. Unless the employer has filed a timely request for reconsideration to the decision that the claims adjudicator has found it to be the chargeable employer, pursuant to 56 Ill. Adm. Code 2765.325 or 2765.326, such employer shall not be entitled to a revision of its "Statement of Benefit Charges".

- d) Upon receipt of a sufficient Application, the Application shall be ordered allowed or denied in whole or in part and notice of such order stating the basis therefor shall be mailed to the employer. Such application will be allowed in part and denied in part where the employer has contested multiple benefit wages or benefit charges but has made sufficient allegations on some but not all. Such order shall become final and conclusive at the expiration of 20 days from the date of mailing of such order, unless the employer shall have filed a Petition specifying its objections thereto.

- e) Where the allegation in the Application is lack of notice of a determination or reconsidered determination and the ineligibility of the claimant for a specific reason, such employer shall be sent either a copy of the original determination or reconsidered

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determination, as may be applicable, and if the allegation of lack of notice proves to be true, the period for filing a timely appeal under Section 800 of the Act and 56 Ill. Adm. Code 2720-2. Subpart C shall begin from the date of mailing of the copy of the determination or reconsidered determination.

(Source: Emergency Amendment at 13 Ill. Reg. 11872, effective July 1, 1989, for a maximum of 150 days)

Section 2725.105 Application For Review Of Rate Determination
EMERGENCY

- a) An Application for Review of Rate Determination must be filed at the address on the Notice of Contribution Rate Determination (form ER-5) within 15 days of the mailing of the Notice of Contribution Rate Determination to the employer.

- b) A sufficient Application shall set forth the following:

- 1) If the rate determination is based in whole or in part on erroneous benefit wages or erroneous benefit charges, the Application must allege:
 - A) The employer was not served with a Statement of Benefit Wages or a Statement of Benefit Charges containing the benefit wages or benefit charges used in the calculation of the employer's contribution rate; or,
 - B) The employer has received an order or decision allowing an adjustment of the benefit wages or an adjustment of the benefit charges used in calculating the employer's contribution rate. A copy of such order or decision must be attached to the application.
- 2) If a determination or decision allowing the payment of benefits has finally been reversed or modified and the benefit wages or benefit charges resulting from such benefit payment were not revised in accordance with the provisions of

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Section 706 of the Act, the employer shall provide a copy of such final reconsidered finding, reconsidered determination or decision.

- 3) If the employer has not been credited with payment of the full amount of contributions paid to the Director in accordance with Section 1503 of the Act, the employer shall state the exact amount of contributions and the date such contributions were paid, the calendar quarter to which the payment relates, and/or the exact amount of wages for insured work for which contributions were paid to the Director.

- 4) If the employer alleges that its payment of contributions, interest or penalties was not applied in accordance with 56 Ill. Adm. Code 2765.45, it must provide evidence of its request for specific application of the payment.

EXAMPLE: An employer tendered a payment of \$100.00 which the Agency applied to the earliest unpaid quarter of the employer. If the employer alleges that this payment should have been applied to a different quarter, heit shall provide evidence that, at the time the payment was tendered, heit indicated the time period to which the payment was to apply.

- 5) If the Agency has made a mathematical error, the employer shall provide a detailed, clear statement showing the correct calculations.

- 6) If the employer alleges that the provisions of Section 1507 of the Act have been erroneously applied, the employer must show that it complied with 56 Ill. Adm. Code 2760.105(b), if applicable, and shall provide a statement of whether the employer has succeeded to substantially all or to a distinct severable portion of the employing enterprises of a predecessor, or whether a successor has succeeded to substantially all or a distinct severable portion of the employer's employing enterprises, and the factual basis for such statements.

- 7) If the employer alleges an incorrect Standard Industrial Classification code, a statement of the employer's primary activity and the actual basis for such statement.

8) If the employer alleges that it has not been credited with the full amount of wages for insured work subject to the payment of contributions that it reported, it shall state the exact amount of such wages and the quarters for which such wages were reported and shall provide a copy of its Wage Report (UC-40) (see 56 Ill. Adm. Code 2760.25) and any form UC-40B's used to report additional wages for the same quarters (see 56 Ill. Adm. Code 2760.145).

- c) An Application which does not specify the factual basis for relief sought, or does not contain the information required by the applicable Section of this Part, shall be ruled insufficient. The ruling shall be final and conclusive unless the employer files, within 10 days of the date of mailing of such ruling, a written objection or revised Application, specifically responding to the reasons the original Application was ruled insufficient. The written objection or revised Application shall be reviewed and an order allowing or denying relief issued.

- d) If the Application is sufficient, the Agency shall investigate the allegations in the Application based on agency records and any documents supplied by the employer. The Agency shall issue a written order with reasons denying the Application or allowing the Application in whole or in part.

- e) An employer disagreeing with the order may appeal to a Director's Representative under Subpart C of this Part.

- f) If the basis for review of the rate determination is a pending benefit wage or benefit charge matter, such matter is not a basis for relief under this Section, but rather the employer's remedy is pursuant to Section 1508 of the Act and Section 2725.100 of this Part. If the benefit wages or benefit charges are modified or

cancelled, as appropriate, through the operation of Section 2725.100 of this Part, appropriate relief will be granted through the operation of Sections 1508 and 1509 of the Act.

EXAMPLE: While review of a benefit wage or a benefit charge matter is pending, the employer receives a Notice of Contribution Rate Determination based on the contested benefit wages or benefit charges. This employer's pending Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges shall be deemed to be an Application for Review of that portion of its rate based on the contested Statement. If such employer prevails on the Application for Review of Benefit Wages or Statement of Benefit Charges, its benefit wage or benefit ratio shall be modified accordingly and, if this results in a change to its rate, a revised Notice of Contribution Rate Determination will be issued.

(Source: Emergency Amendment at 13 Ill. Reg. 11872, effective July 1, 1989, for a maximum of 150 days)

Section 2725.120 Application For Cancellation Of Benefit Wages Or Benefit Charges Due To Lack Of Notice EMERGENCY

- a) An Application for Cancellation of Benefit Wages or Benefit Charges Due to lack of notice made pursuant to Section 1508.1 of the Act shall be sufficient only if the following requirements are met:

- 1) The employer has also filed a timely and sufficient Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges, as provided in Section 2725.100; and,

- 2) The employer specifically alleges in its Application for Cancellation of Benefit Wages or Benefit Charges that the Agency did not issue one or more of the following Notices within the required time period:

- A) A "Notice-to-Base-Period-Employer" (BIS-905) or "Notice to Last Employer, Last Employing Unit or Other Interested Party," (BIS-31)

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(See 56 Ill. Adm. Code 2720.130(a)(1)) within 180 days of the date of the initial Finding; or.

- B) A "Notice of Determination" (BEN-134) (See 56 Ill. Adm. Code 2720.140(a)) under Section 702 of the Act within 180 days of the employer's timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof (see 56 Ill. Adm. Code 2720.130) or, in the case of a remanded Decision regarding the sufficiency of the employer's protest under Section 702 of the Act, within 180 days of the remanded Decision; or,
- C) In the case of a "Notice of Determination" (BEN-134) issued under Section 702 of the Act, in which an issue was not adjudicated at the time of the employer's timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof because of the individuals' failure to file a claim for a week of benefits, within 180 days of the date on which the individual first files a claim for a week of benefits; or,
- D) A "Notice of Reconsideration of Findings" (BIS-305) or "Notice of Reconsideration of Determination" (BEN-134), within 180 days of the date of reconsideration; or
- E) A "Notice of Director's Decision" (AR-56) (See Ill. Adm. Code 2720.270), which allows benefits, within 180 days of the date that the appeal was received by the Agency; or,
- F) Under Section 604 of the Act, a "Notice of Director's Decision" within 180 days of the date of the report and Recommended Decision of the Director's Representative.
- G) With respect to the notice of a decision that the employer is a chargeable employer, pursuant to Part 2765, within 180 days of the employer's protest or appeal of such a decision.

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- b) A citation to Section 1508.1 of the Act or this Section of the Rules need not be made in the Application, nor is it necessary to specifically allege the failure of the Agency to act within 180 days.

Example: The employer meets the requirements of Subsection (a)(1) and alleges that the Agency failed to respond to its timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof by issuing a "Notice of Determination" (BEN-134). If the Agency finds that the allegations contained in the employer's Application for Cancellation of Benefit Wages or Benefit Charges are true, and 180 days have elapsed since the employer's "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof, then the benefit wages or the benefit charges in question will be cancelled.

- c) The Application for Cancellation of Benefit Wages or Benefit Charges can be made a part of an Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges provided that the requirements of subsection (a)(2) are satisfied.

Example:--An initial Finding is made on January 4, 1987, but no "Notice to Base Period Employer" (BIS-305) is mailed to the employer, although no benefits are initially paid. The claim is reopened on July 7, 1987, but no "Notice to Base Period Employer" (BIS-305) is mailed and benefits are now paid. As the "Statement of Benefit Wages" (BEN-110) will not be mailed until subsequent to the 180 days after the date of mailing of the initial Finding, both the Application for Revision of Statement of Benefit Wages and the Application for Cancellation of Benefit Wages can be made in a single document.

- d) An Application for Cancellation of Benefit Wages or Benefit Charges will be denied if an Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges regarding the same benefit wages or the same benefit charges and based on the same allegation has already been denied.

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e) The cancellation of benefit wages or the cancellation of benefit charges will be allowed if it is proven by the employer that:

- 1) The employer meets the definition of a "party" under 56 Ill. Adm. Code 2720.1; and,
- 2) The Agency failed to issue one or more of the "Notices", as set forth in subsection (a)(2); and,
- 3) The employer has satisfied the requirements of Section 1508 of the Act; and,
- 4) The Agency's actions directly resulted in the payment of benefits to an individual and hence caused the individual's wages to become benefit wages or benefit charges in accordance with the provisions of Sections 1501, 1501.1, and 1502 and 1502.1 of the Act. For the purposes of this Section, the Agency's actions "directly resulted" in the payment of benefits where the Agency fails to respond to a timely, where required, notice from an employer within the time limits set in subsection (a)(2).

A) Example: The employer files a late appeal to the Referee (after expiration of the 30 day appeal period set forth by Section 800 of the Act). Even if the Agency fails to rule on the employer's appeal within 180 days from the date the appeal is filed, the employer's benefit wages or benefit charges will not be cancelled, as the Agency's failure to rule on an issue over which the Referee has no jurisdiction cannot "directly result" in the payment of benefits. This result would be different if the employer proves that its appeal was filed in a timely manner.

B) Example: The employer files a timely "Notice of Possible Ineligibility" (BIS-22) or letter in lieu thereof to which the Agency makes no response within 180 days. Even if the claimant is found to be eligible for benefits, these benefit wages or benefit

charges will be subject to cancellation if the other requirements of this Section are met.

- f) All of the provisions of Section 1508 of the Act and Section 2725.100 of this Part, applicable to Applications for Revision of Statement of Benefit Wages or Statements of Benefit Charges and not inconsistent with the provisions of Section 1508.1 of the Act and this Section, shall apply to Applications for Cancellation of Benefit Wages or Benefit Charges under Section 1508.1 of the Act.

Example: The employer must file its timely Application for Revision of Statement of Benefit Wages or Statement of Benefit Charges in response to a Statement of Benefit Wages or Statement of Benefit Charges. If any benefit wages or benefit charges are allowed by the employer to become final, it cannot later request that the benefit wages or benefit charges be cancelled due to its subsequently meeting the requirements of Section 1508.1 of the Act.

- g) All of the provisions of the Act and this Part applicable to protests and Petitions for Hearings conducted pursuant to Section 2200 of the Act and not inconsistent with the provisions of Section 1508.1 of the Act and this Section shall be applicable to Applications for Cancellation of Benefit Wages or Benefit Charges.

(Source: Emergency Amendment at 13 Ill. Reg. 11872, effective July 1, 1989, for a maximum of 150 days)

SUBPART C: APPEAL TO DIRECTOR'S REPRESENTATIVE

Section 2725.270 Recommended Decision
EMERGENCY

a) The Director's Representative shall issue a recommended decision without a hearing where:

- 1) The Record fails to state a basis for relief under the facts stated or the law;
- 2) The Petition or revised Petition, Application for review of a rate determination, Application for revision of statement of benefit wages or statement of benefit charges, or Claim for refund or

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adjustment was not filed in a timely manner as provided for in the Act and no issues relating to timeliness have been raised by the petitioner..

- b) The Director's Representative, at the conclusion of the hearing, or upon the failure of an appealing party to appear at a scheduled hearing or failure of such party to provide any necessary telephone number or to answer at a designated telephone number at the time of such scheduled hearing as provided in Section 2725.220, shall submit his recommended decision to the Director. Such recommended decision shall include:

- 1) A statement of the issues involved;
- 2) Findings of fact;
- 3) Conclusions of law;
- 4) A recommended decision.
- c) A copy of such recommended decision shall be served upon all parties.
- d) Such recommended decision shall become the decision of the Director unless objections are filed to the recommended decision in accordance with Section 2725.275.

(Source: Emergency Amendment at 13 Ill. Reg. 11872, effective July 1, 1989, for a maximum of 150 days)

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- 1) The Heading of the Part: Claims, Adjudication, Appeals and Hearings

- 2) Code Citation: 56 Ill. Adm. Code 2720

- 3) Section Numbers: Emergency Action:
2720.130 Amended Section
2720.132 New Section

- 4) Statutory Authority: Ill. Rev. Stat., 1987, ch. 48, pars. 349, 409, 420, 450, 451, 452, 453, 455, 456, 470, 471, 473, 474, 474a, 500, 501, 502, 504, 530, 610, 611, 700, 702 and 704, as amended by P. A. 86-0003, effective July 1, 1989.

- 5) Effective Date of Amendments: July 1, 1989

- 6) If this emergency amendment is to expire before the end-of the 150-day period, please specify the date on which it is to expire:

- 7) Date Filed in Agency's Principal Office: June 21, 1989

- 8) Reason for Emergency: The Agency had proposed rules for implementing this extensive amendment (Section 1502.1 of the Act) to the Unemployment Insurance program. However, the General Assembly recently passed Public Act 86-0003 which extensively amended this key Section of the Unemployment Insurance Act, effective July 1, 1989, so as to necessitate Emergency Amendments until such time as the Agency can complete the normal Notice and Comment process.

- 9) Complete Description of the Subjects and Issues Involved: In addition to making several technical changes, these emergency amendments would require that employers notify the agency whenever an employee is discharged for an alleged felony or theft connected with his work. These amendments also eliminate the mailing of a notice to base period employers as now provided in Section 701 of the Act.

The agency does recognize that, because of the provisions of Section 602B of the Act, certain base period employers have an interest in certain claimants. However, because the agency has no way to identify such employers, the filing of a notice of separation that an employee is discharged for an alleged felony or theft will assure that consideration is

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given to the eligibility of claimants discharged under these circumstances.

- 10) Are there any proposed amendments to this Part pending? No.
- 11) Statement of Statewide Policy Objectives? Not Applicable.
- 12) Information and questions regarding this amendment shall be directed to:

Stella Adams Cuthbert, Commissioner
 Illinois Department of Employment Security
 401 South State Street - 2nd Floor South
 Chicago, IL 60605
 312-793-4240

The full text of the emergency amendments begins on the next page.

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TITLE 56: LABOR AND EMPLOYMENT
 CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
 SUBCHAPTER a: GENERAL PROVISIONS

PART 2720

CLAIMS, ADJUDICATION, APPEALS AND HEARINGS

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 Service Of Notices, Decisions, Orders
 Computation Of Time
 Disqualification Of Adjudicator, Referee, Or Board Of Review
 Attorney Representation Of Claimants
 Form Of Papers Filed
 Correction Of Technical Errors

SUBPART B: APPLYING FOR UNEMPLOYMENT INSURANCE BENEFITS

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Filing A Claim
 Filing, Registering And Reporting By Mail Under Special Circumstances
 Time For Filing An Initial Claim For Benefits
 Dating Of Claims For Weeks Of Partial Unemployment
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 Required Second Visit To Local Office
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 Work Search Requirements For Regular Unemployment Insurance Benefits
 Availability For Part Time Work Only
 Director's Approval Of Training
 Active Search For Work: Attendance At Training Courses
 Regular Attendance In Approved Training
 Employing Unit Protest Of Benefit Payment
 Required Notice By An Employer Of Separation For Alleged Felony Or Theft Connected With The Work

AUTHORITY: Implementing and authorized by Sections 239, 409, 500, 604, 700, 701, 702, 703, 705, 706, 800, 801, 803, 804, 805, 1000, 1001, 1002, 1004, 1200, 1700, 1701, 2300, 2301, 2302 and 2304 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 349, 409, 420, 450, 451, 452, 453, 455, 456, 470, 471, 473, 474, 474a, 500, 501, 502, 504, 530, 610, 611, 700, 701, 702 and 704, as amended by P. A. 86-0003, effective July 1, 1989).

SOURCE: Adopted at 8 Ill. Reg. 24957, effective January 1, 1985; amended at 10 Ill. Reg. 12620, effective July 7, 1986; amended at 11 Ill. Reg. 14338, effective August 20, 1987; amended at 11 Ill. Reg. 18671, effective October 29, 1987; amended at 12 Ill. Reg. 14660, effective September 6, 1988; emergency amendments at 13 Ill. Reg. 11890, effective July 1, 1989, for a maximum of 150 days.

SUBPART B: APPLYING FOR UNEMPLOYMENT INSURANCE BENEFITS

Section 2720.130 Employing Unit Protest Of Benefit Payment
EMERGENCY

a) A protest, ("Notice Of Possible Ineligibility" (BIS-22) or a letter in lieu thereof) raises questions of eligibility, entitles an employing unit to receive an Adjudicator's Determination regarding questions of eligibility raised, and if timely and sufficient as set out below, provides party status and appeal rights of such Determination relating to the protest.

1) The employing unit shall mail the protest within the later of ten calendar days after the date of notice shown on the Form "Notice of Claim to Last Employing Unit and Last Employer or Other Interested Party," (BIS-0031) or of the Form "Notice of Additional Claim," (BIS-0103) or of the Form "Notice to Interested Party," (BIS-0305) or by the "Notice Date Due" shown on the first two of these forms, which has been mailed to it, if it employed the worker during his base period, the claimant meets the requirements of Section 500B of the Act, and none of the above forms has been mailed to it; the employing unit shall mail the protest within ten calendar days after the date of the Form "Notice of Claim to Base Period Employer," which has been mailed to it. The protest shall be mailed to the Director at the local office design-

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2720.135 Adjudicator Investigation
2720.140 Adjudicator Determination
2720.145 Payment Of Unemployment Insurance Benefits For Initial Claims
2720.150 Applying For Unemployment Insurance Benefits Under Extension Programs
2720.155 Non-Resident Application For Benefits
2720.160 Reconsidered Findings Or Determinations

SUBPART C: APPEALS TO REFEREE

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2720.200 Filing Of Appeal
2720.205 Notice Of Hearing
2720.210 Preparation For The Hearing
2720.215 Format Of Hearings
2720.220 Ex Parte (One Party Only) Communications
2720.225 Subpoenas
2720.227 Depositions
2720.230 Consolidation Or Severance Of Proceedings
2720.235 Withdrawal Of Appeal
2720.240 Continuances
2720.245 Conduct Of Hearing
2720.250 Rules Of Evidence
2720.255 Failure Of Party To Appear At The Scheduled Hearing
2720.265 The Record
2720.270 Referee's Decision
2720.275 Labor Dispute Appeals
2720.277 Prehearing Conference In Labor Dispute Appeal

SUBPART D: APPEALS TO THE BOARD OF REVIEW

Section
2720.300 Filing Of Appeal
2720.305 Notice Of Appeal
2720.310 Request For Oral Argument
2720.315 Request For Written Argument Or Additional Evidence
2720.320 Access To Record
2720.325 Withdrawal Of Appeal
2720.330 Consolidation Or Severance Of Appeals
2720.335 Decision Of The Board Of Review
2720.340 Extensions Of Time In Which To Issue A Board Of Review Decision
2720.345 Issuance Of Notice Of Right To Sue

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nated on the form received by the employing unit. If the employing unit mails the protest to an address other than the address designated on the form received by the employing unit, the timeliness of the notice shall be measured from the date of receipt at the proper address instead of the postmark date.

2) The protest should include the names, addresses and telephone numbers of persons having knowledge of the facts and circumstances supporting the allegation whom the employing unit designates for the Agency to contact for further information. The protest must meet the sufficiency requirements of subsection (d).

b) Any employing unit may at any time file a protest alleging that acts or circumstances which may have occurred during the claims series should result in termination or suspension of the payment of benefits. A protest regarding possible ineligibility during a claim series is timely beginning with the week in which it is received.

c) Where an employer alleges that an individual who was initially an unemployed individual but was later not unemployed under Section 239 of the Act, because the individual returned to work for the employer and continued to claim benefits, a protest shall be considered timely if filed within 45 days of the date the Agency mails the employer a Statement of Benefit Wages (BEN-118) which includes a period in which the employer alleges that the individual claimed benefits while he was employed by the employer.

d) As long as the employing unit gives a reason or reasons for the allegation and the reason(s) is directly related to the issue raised and is not a general conclusion of law, the allegation shall be considered sufficient. A protest under this Section is sufficient only if limited to one claimant, except as otherwise provided below, and only if it:

1) Alleges on the protest that the claimant is not eligible for benefits or waiting week credit by providing material reasons or facts in support of the allegation, other than a conclusion of law, which would support the claimant being held ineligible for benefits; or,

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A) EXAMPLE: SUFFICIENT - EMPLOYING UNIT'S PROTEST ALLEGES:

i) The claimant is not able to and available for work because she is in school.

ii) The claimant is not able to and available for work because he has no child care during working hours.

iii) The claimant is not able to and available for work because he has removed himself to an area of substantially less favorable work opportunities.

iv) The claimant is not able to and available for work because she is seeking part-time work.

v) The claimant is not able to and available for work because he is in an occupation for which there is demand in the labor market area.

B) EXAMPLE: NOT SUFFICIENT - EMPLOYING UNIT'S PROTEST ALLEGES:

i) The claimant is not actively seeking work. (General conclusion of law).

ii) The claimant is not available for work. (No reason given for allegation).

iii) The claimant is not able to and available for work because he was discharged from his last job. (Reason given is not related to the issue raised).

2) Alleges that the claimant is not eligible for benefits, because, in connection with any separation or layoff, the claimant has been or will be paid vacation pay, vacation pay allowance, or pay in lieu of vacation, in which event, the employing unit must designate, on the protest, within 10 calendar days after notification of the filing of his claim, or within 10 calendar days of the date such vacation pay is paid or payable, the period to which such pay is

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allocated. It is not necessary that a protest be filed for each individual vacation payment. No such designation is necessary for disqualification purposes, for vacation payments made during an announced period of shutdown for the purposes of inventory, vacation, or both; or Alleges that the claimant is not eligible for benefits because he is unemployed due to his involvement in a labor dispute; and the employing unit, within 5 days of the start of the period of the work stoppage due to a labor dispute, provides the Agency with the name and Social Security number of each worker involved in the dispute. The list shall be filed with the Agency's Labor Dispute section. Upon receipt of the list, the Agency will mail a Labor Dispute Questionnaire to the employing unit and the union or representative of the employees involved in the labor dispute. The employing unit, union, and/or employee representative must respond to the questionnaire within 10 days. If the questionnaire is not received within 10 days, the Agency will issue a decision based on the information contained in the record at that time. The filing of the above list will constitute an allegation of possible ineligibility under the labor dispute provision (Section 604 of the Act) only and shall not be construed as an allegation of possible ineligibility under any other provision of the Act.

- e) In instances when the Agency determines that the protest has not met the sufficiency requirements of subsection (d)(1), the Agency shall immediately return the protest with a description of the needed information. If the protest with all required information is refiled within 10 days of the date the Agency mailed it back to the employing unit, the protest shall be considered filed on the date the Agency originally received it. In no event shall the Agency return an inadequate protest more than once. In the event that a protest does not meet the sufficiency requirements of subsection (d)(1) after being returned to the employing unit once, the Adjudicator shall determine the protest to be insufficient. A Determination Decision that a protest is insufficient may be appealed pursuant to Section 2720.200.

(Source: Emergency Amendment at 13 Ill. Reg. 11890, effective July 1, 1989, for a maximum of 150 days)

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Section 2720.132 Required Notice By An Employer Of Separation For Alleged Felony Or Theft Connected With The Work EMERGENCY

- a) Whenever an employer discharges an individual for an alleged felony or theft in connection with his work, the employer shall notify the Agency of the separation.
- b) The notification required by subsection (a) shall include the name of the individual discharged, his social security number, the name of the employer, its mailing address, its Illinois Employer Account Number, the date of separation and must be labelled "Employer's Notice of Separation For Alleged Felony Or Theft."
- c) If the notification required by subsection (a) meets the sufficiency requirements of Section 602B of the Act and is mailed to the Agency within at least 10 days after the date that the individual files his next claim for benefits, then such employer shall be a party to the Agency's determination of eligibility under Section 602B.

- d) The notification required by subsection (a) must be sent to:
 Illinois Department of Employment Security
 401 South State Street, 3 South
 Chicago, IL 60605
 Attn: Labor Dispute Unit.

(Source: Emergency Rule added at 13 Ill. Reg. 11890, effective July 1, 1989, for a maximum of 150 days)

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- 1) The Heading of the Part: Disqualifying Income And Reduced Benefits

- 2) Code Citation: 56 Ill. Adm. Code 2920

- 3) Section Numbers:
2920.5 Emergency Action:
 Amended Section
2920.65 Repealed Section
2920.70 Repealed Section
2920.75 Repealed Section
2920.80 Repealed Section

- 4) Statutory Authority: Ill. Rev. Stat., 1987, ch. 48, pars. 344, 345, 349, 370, 401, 402, 430, 435, 436, 440, 441, 610 and 611, as amended by P. A. 86-0003, effective July 1, 1989.

- 5) Effective Date of Amendments: July 1, 1989

- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:

- 7) Date Filed in Agency's Principal Office: June 21, 1989

- 8) Reason for Emergency: The General Assembly amended the Unemployment Insurance Act, effective July 1, 1989. Therefore, the rules are no longer in conformity with the statute. However, the Department does not believe that it would serve any purpose to update the rules. The recent amendments make the language of the statute so clear that rules on this subject are unnecessary.

- 9) Complete Description of the Subjects and Issues Involved: The rules had explained the Department's interpretation of the application of the various pension offset provisions of Section 611 of the Unemployment Insurance Act. However, the language of the statute is clear enough that it would serve no public interest for the rules to be updated. Therefore, they are being repealed.

- 10) Are there any proposed amendments to this Part pending? No.

- 11) Statement of Statewide Policy Objectives? Not Applicable.

- 12) Information and questions regarding this amendment shall be directed to:

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Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2nd Floor South
Chicago, IL 60605
312-793-4240

The full text of the emergency amendments begins on the next page:

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TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER 9: INELIGIBILITY FOR BENEFITSPART 2920
DISQUALIFYING INCOME AND REDUCED BENEFITS

SUBPART A: GENERAL PROVISIONS

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EMERGENCY
- Definitions
Ineligibility To Receive Benefits Due To Performing Full-Time Work Or Due To The Receipt Of Various Income Whose Sum Is Equal To Or Greater Than The Individual's Weekly Benefit Amount
Reduction In Benefits Due To Receipt Of Vacation Pay, Holiday Pay, Retirement Pay, And Workers' Compensation Whose Sum Is Less Than The Individual's Weekly Benefit Amount
Reduction In Benefits Due To Receipt Of Wages For Less Than Full-Time Work
Reduced Benefits: Payment Of Dependents' Allowance Or Spouse's Allowance
Payments Made During Shutdown For Inventory Or Vacation Purposes
Payments Made In Connection With Separation Or Layoff As, Or In The Nature Of Vacation Pay, Vacation Pay Allowance Or As Pay In Lieu Of Vacation
Holiday Pay
Payments In Lieu Of Notice Of Separation Or Layoff
Severance Pay
Back Pay Awards
Receipt Of Or Filing For Unemployment Insurance Benefits Under The Laws Of Another State, Canada, Or The United States
Supplemental Unemployment Benefits (SUB Pay)
Retirement Pay (Repealed)
Payments By A Labor Union
Retirement Pay Considered Disqualifying Income (Repealed)
Allocation Of Retirement Pay (Repealed)
Miscellaneous Forms Of Retirement Pay (Repealed)
- 2920.10
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2920.80
EMERGENCY

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2920.85 Conformity With Federal Unemployment Tax Act

AUTHORITY: Implementing and authorized by Sections 234, 235, 239, 245, 401, 402, 600, 605, 606, 610, 611, 1700 and 1701 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 344, 345, 349, 370, 401, 402, 430, 435, 436, 440, 441, 610 and 611, as amended by P. A. 86-0003, effective July 1, 1989).

SOURCE: Adopted at 11 Ill. Reg. 1853, effective January 7, 1987; amended at 12 Ill. Reg. 16066, effective September 23, 1987; amended at 13 Ill. Reg. 1773, effective January 27, 1989; amended at 13 Ill. Reg. 5936, effective April 18, 1989; emergency amendments at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 2920.5 Ineligibility To Receive Benefits Due To Performing Full-Time Work Or Due To The Receipt Of Various Income Whose Sum Is Equal To Or Greater Than The Individual's Weekly Benefit Amount

EMERGENCY

a) An individual shall be ineligible for benefits with respect to any week for which the individual receives or is entitled to receive any of the following payments whose aggregate amount is equal to or exceeds such individual's weekly benefit amount:

- 1) Payments made during an announced shutdown for inventory or vacation purposes which are treated as wages under Section 2920.25;
- 2) Payments made in connection with any separation or layoff as, or in the nature of, vacation pay, vacation pay allowance, or pay in lieu of vacation treated as wages under Section 2920.30 which are made during a period designated by the employer;
- 3) Holiday pay treated as wages under Section 2920.35;
- 4) Wages for services performed by an individual for any week of less than full time work except those wages for "services performed by an individual in self-employment" as defined by Section 2920.1.

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A) Example 1: An individual files for benefits after a layoff and the weekly benefit amount is \$130.00. The individual is eligible to receive 3 days of vacation pay at \$50.00 per day during the week in question, an amount which would be treated as wages under Section 2920.25. The individual is ineligible to receive benefits or waiting week credit under this subsection with respect to that week because the entitlement to \$150.00 in vacation pay treated as wages under Section 2920.25 exceeds the weekly benefit amount.

B) Example 2: An individual files for benefits after a layoff. The weekly benefit amount is \$130.00. The individual performs services which are not employment under Section 212 of the Act. Even if the individual receives or services in amounts in excess of the weekly benefit amount, the individual is not ineligible for benefits under this subsection because the services performed by the individual were in self-employment and hence the remuneration received for these services does not render the individual ineligible for benefits under subsection (a)(4). The individual may, however, be ineligible under Section 500 of the Act, if he is not able to, available for, or actively seeking work.

C) Example 3: An individual files for benefits after a layoff. The weekly benefit amount is \$130.00. With respect to the week in question, the individual is entitled to receive 1 day of holiday pay of \$50.00 per day, an amount which would be treated as wages under Section 2920.35, and 2 days of vacation pay at \$50.00 per day, an amount which would be treated as wages under Section 2920.30. The individual is ineligible to receive benefits during that week under this subsection because the entitlement to the sum of \$150.00 in holiday and vacation pay exceeds the weekly benefit amount.

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D) Example 4: An individual files for benefits after a layoff. The weekly benefit amount is \$130.00. The individual is entitled to receive \$100.00 in vacation pay treated as wages under Section 2920.30 for that week and also receives \$50.00 in wages for services performed in employment during that week. The individual's services are for less than full-time work. The individual is ineligible for benefits for that week under this subsection because the entitlement to \$100.00 in vacation pay plus the receipt of \$50.00 in wages for performing services for less than full-time work equals \$150.00, an amount which exceeds the weekly benefit amount.

b) In addition to the ineligibility for benefits imposed by the provisions of subsection (a), an individual shall be ineligible for benefits with respect to any week in which he performs full-time work regardless of whether the amount of wages received during that week equal or exceed the weekly benefit amount because the individual is not unemployed as required by Section 239 of the Act.

Example: An individual receives \$137.00 in wages for performing services in full-time work. His weekly benefit amount is \$150.00. The individual is ineligible for benefits under subsection (b) even though the wages are less than his weekly benefit amount because such individual is performing full-time work. The individual would also not be eligible for reduced benefits under Sections 2920.10 and 2920.15.

c) An individual shall be ineligible for benefits with respect to any of the following payments whose aggregate amount is equal to or exceeds his weekly benefit amount. Mere entitlement to such payment shall not render the individual ineligible under this subsection.

1) Disqualifying retirement pay under Section 2920-70611 of the Act.

Example: An individual receives a weekly pension of \$200.00, all of which is disqualifying under Section 2920-70611 of the Act. The individual's weekly benefit amount is

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\$130.00. The individual is ineligible to receive benefits under this subsection because the receipt of \$200.00 in disqualifying retirement pay exceeds his weekly benefit amount.

- 2) Workers' compensation paid for temporary disability arising out of or in connection with employment under the laws of Illinois, of another state, or of the United States, as defined by Section 606 of the Act.

- d) In addition to the ineligibility for benefits imposed by the provisions of subsections (a), (b), and (c), an individual shall be ineligible for benefits with respect to any week or weeks in which the aggregate amount of any payments treated as wages referred to in subsections (a)(1), (2) and (3), plus any of the disqualifying payments referred to in subsection (c), is equal to or exceeds such individual's weekly benefit amount.

- 1) Example 1: An individual receives workers' compensation payments of \$60 per week for temporary disability, and the disability does not render the individual unable to or unavailable for work. The individual is also entitled to receive two days of vacation pay at \$50 per day with respect to that week. The individual's vacation pay is treated as wages under Section 2920.30. The individual's weekly benefit amount is \$130. This individual is ineligible for benefits under subsection (d) because the aggregate amount of the disqualifying payments for that week ($\$60 + \$100 = \$160$) exceeds his weekly benefit amount.

- 2) Example 2: An individual receives \$60 per week of retirement pay all of which is disqualifying under Section 2920-70611 of the Act and is also entitled to receive 1 day of vacation pay at \$50 per day treated as wages under Section 2920.30 with respect to that week. The individual also receives \$65 in wages for performing less than full-time work during that week. The individual's weekly benefit amount is \$130. Since the aggregate of his disqualifying retirement pay and his vacation pay ($\$60 + \$50 = \$110$) is less than the individual's weekly benefit amount of \$130, the individual is

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not ineligible for benefits under this subsection. Amounts paid or payable to an individual as wages for performing services for less than full-time work referred to in subsection (a)(4) do not make the individual ineligible to receive benefits in this situation because, when added to the individual's vacation pay, they do not exceed the individual's weekly benefit amount as required by subsection (a). Rather these amounts reduce the individual's benefits in accordance with the formula given in Section 2920.10. Similarly, since the individual's receipt of \$60 in retirement pay is disqualifying but is not considered wages under Section 611 of the Act, these amounts reduce the individual's benefits in accordance with the formula given in Section 2920.10, but do not make the individual entirely ineligible to receive any benefits under this subsection.

- 3) Example 3: An individual wins a lottery prize of \$1000. Since lottery prizes are not awarded for services performed by the individual for an employer, this amount would not constitute disqualifying income under this Section.

(Source: Emergency Amendment at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days)

Section 2920.65 Retirement Pay (Repealed) EMERGENCY

- a) For the purposes of this Part, retirement pay is defined as any pension, annuity, or other similar payment made to an individual:

- 1) On a periodic basis;
- 2) Under a plan maintained or contributed to by an organization or individual on the basis of previous services rendered by the individual;
- b) Nothing in this Section shall prohibit payments from a plan maintained and operated by a union from constituting retirement pay provided that such payments otherwise satisfy the requirements of subsection (a).

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Example:--A lump-sum payment which satisfies the second criterion given under this Section will nevertheless not constitute retirement pay as defined by this Section because the payment is not made on a periodic basis--it should be noted, however, that under Section 2920.70-(d) such lump sum payments are considered disqualifying income with respect to the week in which they are paid.

(Source: Emergency Repealer at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days)

Section 2920.70 Retirement Pay Considered Disqualifying Income (Repealed)

a) The entire amount of payments made to an individual constituting retirement pay under Section 2920.65 shall be considered disqualifying income if:

1) These payments are from any employing unit or its successor for which the individual performed services and which employing unit and successor has paid all of the cost of the individual's retirement pay; or

2) These payments are from a trust, annuity or insurance fund or under an annuity or insurance contract to or under which any employing unit or its successor for which the individual performed services and which employing unit pays or has paid all of the premiums or contributions.

b) One-half of payments made to an individual constituting retirement pay under Section 2920.65 shall be considered disqualifying income if the employing unit has paid some, but not all, of the cost of the individual's retirement pay.

1) Example:--Payments from independent pension plans established and funded entirely by the individual such as individual retirement accounts (IRA) or Keogh plans are not disqualifying within the meaning of this Section because the employer pays no part of the cost of the IRA or Keogh plan.

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2) Example:--The individual contributes to a retirement plan at a fixed rate of 25%. The employing unit contributes the remaining 75%. Since part of the total contributions to the plan is provided by the employer, 50% of each retirement payment is disqualifying income.

3) Example:--The individual and the employing unit made variable contributions to a retirement plan. However, upon maturity of the plan, the individual has contributed 40% of all of the contributions and the employing unit has contributed the remaining 60%. Since part of the total contributions to the retirement plan is provided by the employer, 50% of each retirement payment is disqualifying income.

4) Example:--The individual belongs to a retirement plan maintained and operated by the union. The employer contributes 60% of the cost of maintaining and operating the plan; the union contributes 5% and the individual contributes the remaining 35%. Since part of the total contributions to the retirement plan is provided by the employer, 50% of each retirement payment is disqualifying income.

c) Notwithstanding subsections (a) and (b), lump-sum retirement payments shall be considered disqualifying income under this Section with respect to the week in which they are paid.

(Source: Emergency Repealer at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days)

Section 2920.75 Allocation Of Retirement Pay (Repealed)
EMERGENCY

a) Whenever an individual has received or will receive amounts as retirement pay as defined by Section 2920.65 for a half-month period, an amount shall be deemed to have been paid the individual for each day equal to one-fifteenth of such amounts.

b) Whenever an individual has received or will receive amounts as retirement pay as defined by Section 2920.65 for a one-month period, an amount shall be deemed to have been paid the individual for each day equal to one-thirtieth of such amounts.

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- c) Whenever an individual has received or will receive amounts as retirement pay as defined by Section 2920-65 for any other period, an amount shall be deemed to have been paid to the individual for each day in the period equal to the amounts of retirement pay divided by the number of days in the period.

(Source: Emergency Repealer at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days)

Section 2920.80 Miscellaneous Forms of Retirement Pay
EMERGENCY (Repealed)

- a) On the basis of the definitions and principles concerning retirement pay set out in Sections 2920-55 and 2920-70, an individual's receipt of payments from the following sources shall be considered 100% disqualifying income:

1) All profit-sharing plans funded entirely by the individual or organization for whom the individual performed services which constitute retirement pay under Section 2920-65;

2) All Federal military service pensions;

3) All pensions under the Railroad Retirement Act of 1974 (45 U.S.C. 231-231t);

- b) On the basis of the definitions and principles relating to retirement pay set out in Sections 2920-65 and 2920-70, an individual's receipt of payments from the following sources shall be considered 50% disqualifying income:

1) Social Security retirement pensions and disability payments based on the individual's employment, including those based on self-employment;

2) Federal civilian employment pensions;

3) All State of Illinois or local government retirement or disability pensions.

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- c) On the basis of the definitions and principles concerning retirement pay set out in Sections 2920-65 and 2920-70, an individual's receipt of payments from the following sources shall not be considered disqualifying income:

1) An independent pension or retirement plan which was fully paid for by the individual;

2) Social Security benefits payable to a surviving spouse or dependent, not attributable to the previous work of the surviving spouse or dependent;

3) Veterans Administration compensation payments which are not Federal military service pensions;

4) Any Federal (military service or civilian employment) disability payments if they are not part of a retirement plan;

5) Payments from individual Retirement Accounts (IRA) and Keogh Accounts.

(Source: Emergency Repealer at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days)

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- 1) The Heading of the Part: Payment Of Unemployment Contributions, Interest And Penalties

- 2) Code Citation: 56 Ill. Adm. Code 2765

- 3) Section Numbers: Emergency Action:
 2765.325 New Section
 2765.326 New Section
 2765.332 New Section
 2765.333 New Section
 2765.334 New Section
 2765.335 New Section

- 4) Statutory Authority: Ill. Rev. Stat., 1987, ch. 48, pars. 382, 420, 431, 432, 433, 442, 444, 451, 550, 551, 552, 553, 554, 555, 572.1, 573, 578, 579, 610, 611 and 750, as amended by P. A. 86-0003, effective July 1, 1989.

- 5) Effective Date of Amendments: July 1, 1989

- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:

- 7) Date filed in Agency's Principal Office: June 21, 1989

- 8) Reason for Emergency: The Agency had proposed rules for implementing this extensive amendment (Section 1502.1 of the Act) to the Unemployment Insurance program. However, the General Assembly recently passed Public Act 86-0003 which extensively amended this key Section of the Unemployment Insurance Act, effective July 1, 1989, so as to necessitate Emergency Amendments until such time as the Agency can complete the normal Notice and Comment process.

- 9) Complete Description of the Subjects and Issues Involved: These emergency amendments provide a detailed explanation of the Department's interpretation of the term chargeable employer, as the term is used in Section 1502.1 of the Act. The emergency amendments also explain the application of the various exceptions to the chargeable employer definition as provided in the Act. The emergency amendments also explain the effect of chargeable employer charging on various other Sections of the Act.

- 10) Are there any other proposed amendments pending on this Part? Yes.

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Section Numbers Proposed Action Ill. Reg. Citation
 2765.205 New Section January 20, 1989
 (13 Ill. Reg. 752)

- 11) Statement of Statewide Policy Objective? Not Applicable.
- 12) Information and questions regarding this amendment shall be directed to:

Stella Adams Cuthbert, Commissioner
 Illinois Department of Employment Security
 401 South State Street - 2nd Floor South
 Chicago, IL 60605
 312-793-4240

The full text of the emergency amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2765

PAYMENT OF UNEMPLOYMENT CONTRIBUTIONS, INTEREST AND PENALTIES

SUBPART A: GENERAL PROVISIONS

Section

2765.1 Unemployment Contributions Not Deductible From Wages
2765.5 Definitions
2765.10 Payment Of Contributions
2765.15 Liability For The Entire Year
2765.20 Contributions Of Employers By Election
2765.25 Payments In Lieu Of Contributions
2765.30 When Payments In Lieu Of Contributions Payable
2765.35 Payments When Reimbursable Employer Becomes Contributory
2765.40 Payments When Contributory Employer Becomes Reimbursable
2765.45 Application Of Payment
2765.50 Accrual Of Interest
2765.55 Imposition Of Penalty
2765.60 Payment Or Filing By Mail
2765.65 When Payment Due And Consequences Of Upward Revision In Employer's Contribution Rate
2765.65 Waiver Of Interest Or Penalty
2765.68 Waiver Of Penalty For Certain Employers For 1987 And Thereafter Wage Reports (UC-3/40)
2765.70 Time For Paying Or Filing Delayed Payment Or Report
2765.75 Application For Waiver
2765.80 Approval Of Application For Waiver
2765.85 Insufficient Or Incomplete Application
2765.90 Disapproval Of Application Conclusive
2765.95 Appeal And Hearing

SUBPART B: EXPERIENCE RATING

2765.200 Effect Of A Successor Employing Unit's Failure To Notify The Director Of Its Succession

SUBPART C: BENEFIT CHARGES

2765.325 Application Of "30 Day" Requirement For Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act

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2765.326 Requirement For A Separation Or A Reduction In The Work Offered In Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act
2765.332 Effect Of Ineligibility Under Section 602B On Chargeability Under Section 1502.1 Of The Act
2765.333 Effect Of Ineligibility Under Section 612 On Chargeability Under Section 1502.1 Of The Act
2765.334 Effect Of Ineligibility Under Section 614 On Chargeability Under Section 1502.1 Of The Act
2765.335 Procedural Requirements And Right Of Appeal
2765.335 EMERGENCY

AUTHORITY: Implementing and authorized by Sections 302, 500, 601, 602, 603, 612, 701, 1400, 1401, 1402, 1403, 1404, 1405, 1502.1, 1503, 1508, 1509, 1700, 1701 and 2600 of the Unemployment Insurance Act (Ill. Rev. Stat. 1987, ch. 48, pars. 382, 420, 431, 432, 433, 442, 451, 550, 551, 552, 553, 554, 555, 572.1, 573, 578, 579, 610, 611 and 750, as amended by P. A. 86-0003, effective July 1, 1989).

SOURCE: Adopted at 6 Ill. Reg. 3863, effective March 31, 1982; amended at 7 Ill. Reg. 13266, effective September 28, 1983; recorded at 8 Ill. Reg. 15027; amended at 11 Ill. Reg. 3972, effective February 23, 1987; amended at 11 Ill. Reg. 11743, effective June 26, 1987; amended at 11 Ill. Reg. 12882, effective July 22, 1987; emergency amendments at 12 Ill. Reg. 225, effective January 1, 1988, for a maximum of 150 days; emergency expired May 30, 1988; amended at 12 Ill. Reg. 11740, effective July 5, 1988; amended at 12 Ill. Reg. 17342, effective October 12, 1988; amended at 12 Ill. Reg. 20484, effective November 28, 1988; emergency amendments at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days.

SUBPART C: BENEFIT CHARGES

Section 2765.325
EMERGENCY

Application Of "30 Day" Requirement For Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act

- a) Except as provided in the other subsections of this Section and in Sections 2765.326, 2765.332, 2765.333 and 2765.334, the last employer prior to the beginning of the individual's benefit year (which is defined at Section 242 of the Act for whom the individual provided services during at least 30 days beginning

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with the first day of the individual's base period but prior to the beginning of his benefit year shall be liable for the benefit charges or payments in lieu of contributions, as the case may be, which result from any benefits paid to that individual.

- 1) Example: Immediately prior to filing his claim for unemployment benefits, the individual provides services to Company A, a liable, contributing employer, for 20 days. Prior to this period, he provides services to Company B, a liable, contributing employer, for 30 days. Prior to working for Company B and throughout his base period, the individual has provided at least 10 days of service to Company A. In this example, Company A will be the chargeable employer and will be liable for any benefit charges which might accrue as a result of any benefits paid to this individual. This is because the individual's last employer prior to the beginning of his benefit year is Company A and he provided services to Company A during at least 30 days during the period from the beginning of the individual's base period to the beginning of his benefit year. Pursuant to Section 1502.1 of the Act, it is not necessary for the 30 days of services by the individual to be consecutive.

- 2) Example: Prior to the beginning of his benefit year, the individual provides services only to Company A, a liable, contributing employer, for over ten years. Company A will be this individual's chargeable employer with respect to this individual's entire benefit year because Company A is the individual's last employer of at least 30 days prior to the beginning of his benefit year. If, after claiming benefits for a few weeks, this individual is employed by Company B, a liable, contributing employer, for six months, is laid off by Company B and files an additional claim, Company A will still be the chargeable employer of this individual with respect to any benefit charges which might accrue with respect to the additional claim. Company A remains liable for the benefit charges which accrue during the entire benefit year regardless of the number of times that the individual is laid off and becomes reemployed.

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- 3) Example: Prior to the beginning of his benefit year, the individual is employed on an as-needed basis (some weeks the individual might work four days, other weeks he might not work at all) for Company A, a liable, contributing employer. While so employed by Company A, the individual is also employed on a full time basis for Company B, a liable, contributing employer. The individual is laid off by Company B and is offered two days of work by Company A. After working for these two days, no other work is currently available with Company A, and the individual files a claim for benefits. If the individual had been employed by Company A for at least 30 days from the beginning of his base period to the beginning of his benefit year, Company A will be liable for any benefit charges which might accrue as a result of any benefits which might be paid to this individual. This is because, despite the individual's full time employment with Company B, the individual's last employer for whom he provided services of at least 30 days during the applicable period was Company A, and it was his separation from Company A that caused the individual to become "unemployed."

- 4) Example: Assume the same facts as in (3), except that, instead of being an as-needed employee, the individual continues to provide less than full time services to Company A and earns less than his weekly benefit amount. In that case, Section 2765.326 shall apply, and Company B will be the chargeable employer because it caused this individual to become unemployed as defined in Section 239 of the Act.

- 5) Example: The individual is a substitute teacher. Whenever she is available to teach, she calls in for assignments with her school district, a local governmental entity which has elected to make payments in lieu of contributions. During the first semester of the school year, she teaches only 32 days. She, however, did not work for the school district during her base period. If she now files a claim

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for benefits, her school district will be liable for 50% of any payments in lieu of contributions which would result if she would be paid benefits. This is because, despite her services being performed over a five month period, the school district is the last employer prior to the beginning of her benefit year and she has provided the required 30 days of services during the applicable period. The employer is only liable for 50% of the amount of the benefits paid because the individual performed no services for this employer during her base period (see Section 1405B of the Act).

- 6) Example: The individual is employed for 25 days during his base period for City A, a local governmental entity which has elected to make payments in lieu of contributions. He then works for Company B, a liable, contributing employer for approximately ten months. After being laid off by Company B, he is again employed by City A which then lays him off after five days. City A will be liable for payments in lieu of contributions equal to 100% of the benefits paid to this individual. This is because City A is the individual's last employer prior to the beginning of his benefit year, and this individual was employed for at least 30 days beginning with the start of his base period and prior to the beginning of his benefit year. City A is liable for 100% of the benefits paid because, in addition to being the chargeable employer as provided in this subsection, the individual also provided services for this employer during his base period. If this employer had met the requirements to be the chargeable employer but this individual had not provided services to this employer during his base period, then this employer would have been liable for only 50% of the payments in lieu of contributions made to this individual as in (5).

- 7) Example: The individual is employed by several different employers from the beginning of his base period until he first files a claim for benefits. However, he does not provide services for at least 30 days to any single employer dur-

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ing this period. Therefore, there is no chargeable employer, and no employer will be liable for either the benefit charges or payments in lieu of contributions as a result of payments made to this individual during this claim for benefits.

- 8) Example: An individual is employed during his entire base period for Company A, a liable, contributing employer. After being laid off by Company A, he works for at least 30 days for the State of Illinois, which makes payments in lieu of contributions pursuant to Section 1403 of the Act. If this individual files a claim for benefits, the State of Illinois will be liable for an amount equal to 50% of the benefits paid to this individual since the State of Illinois is the chargeable employer but not a base period employer.
- b) The 30 day requirement, set forth in subsection (a), shall include any day on which any services are actually performed for the employer by the individual prior to the date of separation. For the purposes of this Section, even if a shift covers two calendar days, only one day shall be included in determining whether the 30 day requirement has been met. Paid sick days, vacation days, holidays or other similar paid, non-working days shall not be counted toward meeting the 30 day requirement. Payments for wages in lieu of notice, pension or other retirement type payments or for severance pay also do not meet the requirements of this Section.
- 1) Example: The individual works a shift which begins at 10 pm and ends at 7 am the next day. While this individual performs services for this employer on two calendar days, for the purpose of determining whether the 30 day requirement set forth in subsection (a) has been met, the individual's shift counts as only one day of service.
- 2) Example: The individual begins his shift at noon but becomes ill fifteen minutes later. Since the individual performed services for the employer for fifteen minutes, one day is counted toward meeting the 30 day requirement set forth in subsection (a).

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- 3) Example: The individual is scheduled to work on a certain day but fails to report for work because he is ill. Even if the employer provides paid sick leave to the individual for that day, it will not be counted toward the 30 day requirement set forth in subsection (a).
- 4) Example: The individual receives paid sick leave from Company A, a nonprofit corporation which elects to make payments in lieu of contributions, for 35 days during his base period. He has no other employment with Company A during his base period. He also performs services during his base period for Company B, a liable, contributing employer. After being laid off by Company B, he returns to Company A for 30 days before being again laid off. Company A will be liable for an amount equal to 100% of the benefits paid to this individual as payments in lieu of contributions. This is because Company A is the last employer of this individual; the 30 day requirement is met by the individual's employment; and the paid sick leave constitutes wages for insured work paid during the individual's base period.

- 5) Example: Upon the permanent layoff of an individual, the employer pays that individual for any unused, accrued vacation time that the individual is due and grants him severance pay in the amount of one day's pay for each year of continuous service. These payments are not included for the purpose of determining whether this employer has met the 30 day requirement.

- c) If the last organization or person for whom the individual provided at least 30 days of service is not an employer, as defined by Section 205 of the Act, then no employer shall be the chargeable employer, and any benefit charges or payments in lieu of contributions which accrue as a result of benefits paid to the individual shall not become the benefit charges or the amounts due of any employer.

- 1) Example: An individual is employed during his entire base period for Company A, a liable, contributing employer. He then leaves Illinois and

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obtains work in California for at least 30 days for an organization which is not liable under the Act. If this individual is laid off from his California job and files a claim against Illinois based on his Illinois base period wages, no employer shall be liable for any benefit charges for any benefit payments made to this individual. This is because the California organization is not an employer under the Act and, therefore, cannot be the chargeable employer under this Section.

- 2) Example: An individual is employed during his entire base period for Company A, a liable, contributing employer. After being laid off by Company A, he works for at least 30 days for the U. S. Postal Service, which is not an employer under the Act and for which reimbursement for any benefits paid is determined pursuant to Federal Regulations. He is then laid off by the Postal Service. If this individual files a claim for benefits, no employer shall be liable for any benefit charges for any benefit payments made to this individual. This is because the U. S. Postal Service is not an employer under the Act and, therefore, cannot be the chargeable employer under this Section.

- d) Notwithstanding any other provision of this Subpart, no employer shall be the chargeable employer of an individual who was either discharged for misconduct connected with the work or voluntarily left such employer without good cause or refused to accept an offer of or to apply for suitable work from that employer without good cause. Unless the next subsequent employing unit, if it is an employer under the Act and paid the individual an amount equal to his weekly benefit amount in each of four weeks after the beginning of the individual's benefit year, any payments which might result in benefit charges will be pooled and not charged to any employer. However, if the circumstances of the voluntary quit are those described in Section 601B(1) or Section 601B(2) of the Act, then, any payments which might result in benefit charges will become pooled costs and not be charged to any employer.

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- 1) Example: The individual quits Company A where he was employed for at least 30 days. He then accepts employment with Company B where he works for two weeks and earns in excess of his weekly benefit amount. He is then laid off and files a claim for benefits. Pursuant to Section 601B(2) of the Act, this individual is not ineligible for benefits. However, if it is decided that the individual quit this job without good cause, no employer will be charged for the benefits paid to the individual. This is because the individual quit his job with Company A without good cause but under the circumstances described in Section 601B(2) of the Act.

- 2) Example: The individual is held to be ineligible for benefits by the claims adjudicator, Referee, Board of Review or court as a result of his discharge for misconduct by Company A, a liable, contributing employer. Thereafter, he returns to work and performs services for Company B, a liable, contributing employer, for three days per week for three weeks and is then laid off. However, he does earn an amount in excess of his weekly benefit amount in each of these weeks. He then performs services for Company C for one week and earns in excess of his weekly benefit amount before being laid off for lack of work. The individual is eligible for benefits because he met the qualification requirements of Section 602 of the Act. No employer will be the chargeable employer of this individual because he was discharged for misconduct connected with his work and because the next subsequent employing unit after his discharge did not paid him an amount equal to or in excess of his weekly benefit amount in each of four weeks.

- 3) Example: The individual is discharged from Company A, files a claim for benefits and is determined to be ineligible under Section 602 of the Act. He then returns to work for Company B, a liable, contributing employer, and earns in excess of weekly benefit amount in each of four weeks. He is then laid off by Company B. Thereafter he is employed by Company C before being laid off. Company B will be this individual's

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chargeable employer because it was the individual's single employer following his discharge for misconduct from Company A, is an employer under the Act, paid the individual an amount necessary to qualify for benefits and the requalification occurred after the beginning of the individual's benefit year.

- 4) Example: Assume the same facts as in (3) except that Company B discharged the individual for misconduct connected with his work. In this case, no employer will be the chargeable employer because Company B cannot be the chargeable employer of an individual if it discharged him for misconduct connected with his work and, though Company C was the individual's next subsequent employer following his discharge for misconduct from Company B and paid the individual the amount necessary to qualify for benefits and the requalification occurred after the beginning of the individual's benefit year, the disqualifying event occurred after the beginning of the individual's benefit year.
- 5) Example: Assume the same facts as in (3) except that Company B is not an employer under the Act. In this case, no employer will be charged as a result of any benefits paid to this individual. This is because the individual was discharged for misconduct connected with his work by Company A and earned an amount equal to or in excess of his weekly benefit amount in each of four weeks after the beginning of his benefit year from Company B, an organization which is not subject to the Act. However, because it is not an employer under the Act, it cannot be charged and, therefore, the charges will be pooled.
- 6) Example: An individual is employed by Company A for several months before being laid off for lack of work. The individual does not file a claim for benefits immediately but goes on vacation. When he returns from vacation, Company A offers the individual a suitable job which he refuses without good cause. However, during that same week, he is hired by Company B where he then works and earns in excess of his weekly benefit amount in each of four weeks. When he is laid

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off by Company B, the individual files a claim for benefits and is not subject to disqualification for his refusal of work from Company A because he has had sufficient earning from Company B to purge any possible disqualification. Company A will not be charged for benefit charges which result from payments to this individual because the individual refused the Company's offer of suitable work without good cause. Company B will not be charged either because it paid this individual the amounts necessary to purge the possible disqualification before the beginning of the individual's benefit year. Therefore, in this case, no employer will be the chargeable employer, and the benefit charges will be pooled.

- e) If no employer meets the requirements of this subpart to be the chargeable employer for the second of two consecutive benefit years but there was a chargeable employer for the first benefit year, that employer will be the chargeable employer for that second benefit year.

Example: The individual is discharged for misconduct connected with his work by Company A, files a claim for benefits and is held ineligible pursuant to Section 602 of the Act. He then returns to work for Company B, a liable and contributing employer, and earns an amount sufficient to qualify for benefits. He is then laid off by Company B and is now eligible for benefits. Under these circumstances, Company B will be charged for any benefit charges which accrue because it was the single employer which paid the individual the amount necessary to qualify for benefits and the requalification occurred after the beginning of the individual's benefit year. If this individual later files a second benefit year claim, Company B did not employ the individual for at least 30 days and paid the amount necessary for the individual to requalify prior to the beginning of the second benefit year. However, Company B will be the chargeable employer because there is no other employer that meets the requirements for chargeability and because it was the chargeable employer for the individual's first benefit year.

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- f) Notice that a claim for benefits has been filed will be sent by the Agency to every employing unit for whom the individual provided services, subsequent to the services provided to the chargeable employer, prior to the beginning of the individual's benefit year.

(Source: Emergency Rule added at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days)

Section 2765.326 Requirement For A Separation Or A Reduction In The Work Offered In Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act EMERGENCY

There must be either a separation from the employer or a reduction in the work offered which causes the individual to become unemployed, as defined in Section 239 of the Act, for the employer to be the chargeable employer under Section 1502.1 of the Act.

Example: For six months, an individual is employed on a full time basis for Company A and, at the same time, works part time for Company B, both liable, contributing employers. The individual is laid off by Company A but does not have sufficient base period earnings to immediately file a valid claim for unemployment benefits. He remains employed on a less than full time basis by Company B for several months until the base period change. He now meets the requirements of Section 500E of the Act for establishing a valid claim based on his base period earnings from both Company A and Company B. If the individual continues to work, without a reduction in the benefit amount, even though he has not worked for Company A for several months, Company A will be held to be liable for any benefit charges which might accrue as a result of benefit payments to this individual. This is because Company B, while it meets the 30 day requirement, did not cause the individual to become unemployed because it neither caused his separation nor reduced the work offered to him.

(Source: Emergency Rule added at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days)

Section 2765.332 Effect Of Ineligibility Under Section 602B On Chargeability Under Section 1502.1 Of The Act EMERGENCY

Pursuant to Section 602B of the Act, whenever it is determined that

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an individual has been discharged for the commission of a felony or theft connected with his work and that the employer has met certain conditions set forth in that subsection of the Act, all wages earned by the individual prior to the date of discharge shall be cancelled, thus making the individual ineligible for benefits on the basis on such wages. An employer cannot be the chargeable employer pursuant to this subpart on the basis of wages earned prior to the date of the discharge. However, if that employer were to reemploy the individual after the date of discharge, such employer could be the individual's chargeable employer pursuant to this subpart if the requirements of the subpart are met based only on the period of employment following the date of the discharge for the felony or theft.

(Source: Emergency Rule added at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days)

Section 2765.333 Effect Of Ineligibility Under Section 612 On Chargeability Under Section 1502.1 Of The Act EMERGENCY

Whenever the individual's last employer is an educational institution or is an educational service agency, then such educational institution or educational service agency shall not be liable for benefit charges on the basis of benefits paid to that individual during the period between two consecutive academic years or terms if such individual has a reasonable assurance that he will perform service in any capacity for any educational institution or educational service agency in the second of such academic years or terms. In such instances, it is not necessary that the individual be ineligible under Section 612 of the Act if Section 612 would have applied if the individual had had wages from an educational institution or educational service agency during his base period. This Section shall also apply to payments in lieu of contributions.

- a) Example: An individual is employed as a teacher for a public school. However, during his base period, he earned sufficient wages from a non-educational employer to qualify for benefits. If this individual is held to be ineligible during a period between academic terms on the basis of his wages from the public school, he could still qualify for benefits based on his wages from the non-educational employer. Even if the public school would otherwise be the individual's last employer pursuant to this Subpart, the public school will not be liable for any benefit charges which might accrue as a

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result of payments to that individual during his period of ineligibility under Section 612 of the Act.

- b) Example: The individual is employed by a private employer during his entire base period. Thereafter he obtains work as a teacher for a public school. When he is off of work during the summer, the individual applies for unemployment insurance benefits. If this individual has a reasonable assurance in the second academic year or term, then the public school is the last employer during this period, but it will not be liable for any benefit charges or payments in lieu of contributions which might accrue as the result of payments made to this individual. In such case, any benefit charges will be pooled.

(Source: Emergency Rule added at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days)

Section 2765.334 Effect Of Ineligibility Under Section 614 On Chargeability Under Section 1502.1 Of The Act EMERGENCY

Pursuant to Section 614 of the Act, an individual shall be ineligible, on the basis of wages earned during his base period unless he was either lawfully admitted to this country for permanent residence or otherwise was permanently residing in this country under color of law. Because this ineligibility could effect some, but not all, of the individual's base period wages, it is possible that the individual could be held ineligible under Section 614 of the Act but still qualify for benefits based on base period wages paid after he was either lawfully admitted to this country for permanent residence or otherwise was permanently residing in this country under color of law. In determining whether an employer is the individual's chargeable employer under this Subpart, no day on which the individual was not either lawfully admitted to this country for permanent residence or otherwise was permanently residing in this country under color of law will be counted in determining whether the individual was employed by the employer for at least 30 days.

Example: The individual applied for and was granted permanent resident status on July 1, 1988. He worked for Company A, a liable, contributing employer, continuously from January 1, 1988 to the date of his separation on May 1, 1989. His base period began on January 1, 1988. Under Section 614 of the Act, the individual is not eligible for benefits based on the wages paid prior

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to July 1, 1988 because he was not either lawfully admitted to this country for permanent residence or otherwise was permanently residing in this country under color of law during this time. However, he might still be eligible for benefits based on his earnings during the third and fourth quarters of 1988. Company A will be the individual's chargeable employer under this subpart because, even not counting the days of employment from January 1, 1988 to June 30, 1988, the individual was employed by Company A for 30 days from the beginning of his base period to the beginning of his claim for unemployment insurance benefits.

(Source: Emergency Rule added at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days)

Section 2765.335 Procedural Requirements And Right Of Appeal EMERGENCY

- a) Pursuant to Section 701 of the Act, whenever the Claims Adjudicator decides that an employer is the "last employer" (employer subject to benefit charges or payments in lieu of contributions) as provided in this Subpart, he shall promptly notify the employer of this decision.
- b) If the employer disagrees with the decision of the claims adjudicator that he is the "last employer," the employer must file a written request for reconsideration of this decision within 10 days of the date of mailing of the decision.
- c) A request for reconsideration of the decision of the claims adjudicator must comply with the requirements of 56 Ill. Adm. Code 2720.130 and specify the full name and social security number of the individual and the reasons why the employer believes that it is not the chargeable employer under this subpart.
- d) After reviewing the allegations of the employer and any other relevant facts in the record, the claims adjudicator shall issue a reconsidered decision. If the employer disagrees with the reconsidered decision of the claims adjudicator that he is the chargeable employer, the employer must file a written appeal of this reconsidered decision within 30 days of the date of mailing of the reconsidered decision or that reconsidered decision will become final.

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- e) An Application made pursuant to Section 1508 of the Act and 56 Ill. Adm. Code 2725.100 regarding revision of the "Statement of Benefit Charges," which includes benefit charges which the employer believes are incorrect because it is not the chargeable employer shall be sufficient only if such Application contains a reference to and a copy of the decision which reverses the claims adjudicator and holds that the employer is not the chargeable employer. These same requirements must be met by an employer which is questioning payments in lieu of contributions on its "Statement of Amount Due for Benefits Paid."
- f) Unless the employer has filed a timely request for reconsideration of the decision that the claims adjudicator has found it to be the chargeable employer, pursuant to this Subpart, such employer shall not be entitled to a revision of its "Statement of Benefit Charges" under 56 Ill. Adm. Code 2725.100 nor shall it be entitled a revision of the amounts shown on its "Statement of Amount Due for Benefits Paid" for payments in lieu of contributions.
- g) Appeals of decisions under this Section shall be filed with the local office where the original decision was made.
- h) The conduct of the hearing shall be the same as that provided under Section 2200 of the Act and 56 Ill. Adm. Code 2725.

(Source: Emergency Rule added at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days)

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1) The Heading of the Part: MEDICAL ASSISTANCE PROGRAMS

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Numbers: Emergency Action:

120.10 Amendment
120.60 Amendment
120.62 Amendment
120.63 Amendment
120.284 New Section
120.384 New Section

4) Statutory Authority: Sections 5-4 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, Ch. 23, Pars. 5-4 and 12-13)

5) Effective Date of Amendments: June 27, 1989

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable

7) Date Filed in Agency's Principal Office: June 27, 1989

8) Reason for Emergency: The Department is taking advantage of a recent change in the Medicaid law to permit spend-down of assets. This will correct the inequity of denying an application for medical assistance because of any surplus of assets while permitting a large spend-down of income. This will help provide needed medical benefits to persons who have high medical expenses, but not enough income and assets to pay for those medical expenses.

9) A Complete Description of the Subjects and Issues Involved: This rulemaking provides that applications filed on or after June 1, 1989, including any backdated months before June 1, 1989, non-exempt assets in excess of the appropriate asset disregard in addition to non-exempt income must be considered when determining eligibility for medical assistance. Medical assistance applications will no longer be denied based on non-exempt excess assets. Excess non-exempt assets do not have to be reduced to the appropriate disregard to attain medical eligibility. These changes apply only to the AABD (MANG), AFDC (MANG), and AMI programs. There are no changes in the AABD (MAG), AFDC (MAG), General Assistance or Food Stamp programs. In

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addition, these provisions do not apply to Qualified Medicare Beneficiaries (QMBs) or MANG(P) benefits.

10) Are there any proposed amendments pending to this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
120.31	Amendment	June 23, 1989 (13 Ill. Reg. _____)
120.70	Amendment	March 17, 1989 (13 Ill. Reg. 3281)
120.72	New Section	March 17, 1989 (13 Ill. Reg. 3281)
120.74	New Section	March 17, 1989 (13 Ill. Reg. 3281)
120.76	New Section	March 17, 1989 (13 Ill. Reg. 3281)
120.346	New Section	June 30, 1989 (13 Ill. Reg. _____)
120.380	Amendment	June 30, 1989 (13 Ill. Reg. _____)
120.382	Amendment	March 17, 1989 (13 Ill. Reg. 3281)
120.393	New Section	June 16, 1989 (13 Ill. Reg. 9250)

11) Statement of Statewide Policy Objectives: This emergency rulemaking has no effect on local governmental units.

12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: Anita Williams, Staff Attorney
Office of the General Counsel
Address: Illinois Department of Public Aid
Jesse B. Harris II Building
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

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Telephone: (217) 782-1233

The full text of the Emergency Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120

MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1

Incorporation By Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10

Eligibility For Medical Assistance

EMERGENCY
120.11

Eligibility For Medical Assistance For Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy

120.20

MANG(AABD) Income Standard

120.30

MANG(C) Income Standard

120.31

MANG(P) Income Standard

120.40

Exceptions To Use Of MANG Income Standard

120.50

AMI Income Standard

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60

Eligibility For Medical Assistance For Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy

120.61

Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG(AABD) and MANG(C)

120.62

Department of Mental Health and Developmental

EMERGENCY

Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643

120.63

Department of Mental Health and Developmental

EMERGENCY

Disabilities (DMHDD) Approved Home and Community Based Residential Settings

120.64

Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy

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SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

Section
120.70 Supplementary Medical Insurance Benefits, Buy-In Program

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section
120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section
120.90 Migrant Medical Program
120.91 Income Standards

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section

120.208 Client Cooperation
120.210 Citizenship
120.211 Residence
120.212 Age

120.215 Relationship
120.216 Living Arrangement
120.217 Supplemental Payments
120.218 Institutional Status

120.224 Foster Care Program
120.225 Social Security Numbers
120.230 Unearned Income
120.235 Exempt Unearned Income

120.236 Education Benefits
120.240 Unearned Income In-Kind
120.245 Earmarked Income

120.250 Lump Sum Payments and Income Tax Refunds
120.255 Protected Income
120.260 Earned Income

120.261 Budgeting Earned Income
120.262 Exempt Earned Income
120.266 Recognized Employment Expenses

120.270 Income From Work/Study/Training Program
120.271 Earned Income From Self-Employment
120.272 Earned Income From Roomer and Boarder

120.273 Earned Income In-Kind
120.275 Payments from the Illinois Department of Children and Family Services
120.276 Assets

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120.281 Exempt Assets

120.282 Asset Disregards

120.283 Deferral of Consideration of Assets

120.284 Spend-down of Assets (AMI)

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120.285 Property Transfers

120.290 Persons Who May Be Included in the Assistance Unit

120.295 Payment Levels for AMI

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

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120.318 Institutional Status

120.319 Assignment of Rights to Medical Support and Collection of Payment

120.320 Cooperation in Establishing Paternity and Obtaining Medical Support

120.321 Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support

120.322 Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support

120.323 Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause

120.324 Foster Care Program

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120.330 Unearned Income

120.332 Budgeting Unearned Income

120.335 Exempt Unearned Income

120.336 Education Benefits

120.338 Incentive Allowance

120.340 Unearned Income In-Kind

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120.345 Earmarked Income

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120.360 Earned Income

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120.361 Budgeting Earned Income
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120.364 Exempt Income Exemption
120.366 Exclusion From Earned Income Exemption
120.370 Recognized Employment Expenses
120.371 Income From Work/Study/Training Programs
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120.391 Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG And Infants Under Age One Year
120.392 Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
120.395 Payment Levels for MANG
120.399 Redetermination of Eligibility

AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1987, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13).

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill.

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Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982;

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amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7632, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835,

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effective July 22, 1988; emergency amendment at 12 Ill. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART B: ASSISTANCE STANDARDS

Section 120.10 Eligibility For Medical Assistance
EMERGENCY

- a) Eligibility for Medical Assistance exists when a client meets the non-financial requirements of the program and the client's nonexempt income (Sections 120.325 and 120.342) available over a six (6) month eligibility period; Sections 120.200 and 120.227 (three (3) months for Aid to the Medically Indigent (AMI)) plus non-exempt assets over the applicable asset disregards (Sections 120.282 and 120.382) is are equal to or less than the applicable Medical Assistance - No Grant (MANG) or AMI Standard. (Sections 120.20 and 120.50).
- b) If the client's nonexempt income plus non-exempt assets over the applicable asset disregard available over the applicable six (6) or three (3) month eligibility period is greater than the applicable MANG or AMI Standard, the client must meet the spend-down obligation determined for the applicable time period before becoming eligible to receive Medical Assistance.
- c) A one month eligibility period is used for clients receiving care in an Intermediate (ICF) or Skilled Nursing Care Facility (SNF) or in a Department of Mental Health and Developmental Disabilities (DMHDD) Facility. Nonexempt income is applied toward the cost of care on a monthly basis.
- d) ~~If a client has nonexempt assets over the asset disregard amount, the client is ineligible for Medical Assistance.~~

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Section 120.10 Eligibility For Medical Assistance (Cont'd.)
EMERGENCY

e+d) 1) When the Department becomes aware of the birth of a child to a recipient of an AFDC or AABD grant or related medical assistance or medical assistance due to the mother's pregnancy, the child shall be deemed to have applied for medical assistance only, without written request, subject to the following conditions:

- A) The mother must have been receiving AFDC or AABD related medical assistance, or medical assistance due to her pregnancy on the date of birth of the child;
- B) The mother must have been continuously eligible for such medical assistance.
- 2) The newborn shall be eligible to receive medical assistance only from the date of birth for up to one year or until the mother becomes ineligible for medical assistance, whichever comes first. The newborn can be added to the grant or medical assistance case, if otherwise eligible, through regular procedures by written request at any time.

(Source: Emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

Section 120.60

EMERGENCY

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy

The following subsections apply to all cases other than those receiving care in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Care Facilities, Department of Mental Health and Developmental Disabilities (DMHDD) Facilities, or DMHDD approved community based residential settings under 89 Ill. Adm. Code 140.643 or pregnant women and infants under age one year who do not qualify as mandatory categorically needy.

- a) The eligibility periods for MANG (AABD) and MANG(C) is

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EMERGENCY

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy (Cont'd.)

six (6) months. The eligibility period shall begin with:

- 1) the first day of the month of application, or
 - 2) the first day of any month prior to the month of application that the client meets non-financial eligibility requirements up to three months prior to the month of application, if the client so desires, or
 - 3) the first day of a month after the month of application that the client meets non-financial eligibility requirements.
- b) The eligibility period for AMI is six (6) months. The eligibility period shall begin with:
 - 1) the first day of the month of application, or
 - 2) the first day of the month prior to the month of application, if the client meets non-financial eligibility requirements and if the client so desires, or
 - 3) the first day of a month after the month of application that the client meets non-financial eligibility requirements.

- c) Eligibility Without Spend-down for MANG (AABD), MANG(C) and AMI

- 1) If the client's nonexempt income (Sections 120.220, 120.227, 120.325, and 120.342) and non-exempt assets over the applicable asset disregard (Sections 120.282 and 120.382) available during the six (6) month eligibility period is equal to or below the applicable MANG or AMI Standard (Sections 120.20 and 120.50), the client is eligible for Medical Assistance from the first day of the eligibility period. Covered

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EMERGENCY

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy (Cont'd.)

services received during the entire eligibility period will be paid for by the Department.

- 2) The client is responsible to report any changes that occur during the eligibility period which might affect eligibility for Medical Assistance. If changes occur, appropriate action shall be taken by the Department, including termination of eligibility for Medical Assistance. If changes in income, assets or family composition occur which would make the client a spend-down case, a spend-down obligation will be determined and the subsections in (d) below will apply.
- 3) For MANG(C) and MANG(AABD), a full redetermination of eligibility will be made every twelve (12) months. For AMI, clients wishing continued Medical Assistance after the six (6) month eligibility period must reapply for Medical Assistance.

d) Eligibility with Spend-down for MANG (AABD), MANG(C), and AMI

- 1) If the client's nonexempt income and non-exempt assets over the applicable asset disregard available during the six (6) month eligibility period is greater than the applicable MANG or AMI Standard, the client must meet the spend-down obligation determined for the eligibility period before becoming eligible to receive Medical Assistance. The spend-down obligation is the amount by which the client's nonexempt income and assets available during the eligibility period exceeds the MANG or AMI Standard.
- 2) The client meets the spend-down obligation by incurring or paying for medical expenses in an amount equal to the spend-down obligation.

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EMERGENCY

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy (Cont'd.)

- A) Medical expenses shall be applied to the spend-down obligation in chronological order.

- B) Medical expenses incurred prior to the eligibility period will be considered for purposes of spend-down only to the extent that the client makes payments on them during the eligibility period and only to the extent of the amount of such payments.

- 3) After application for Medical Assistance, the client will be notified in writing of the spend-down obligation. When proof of incurred medical expenses equal to the spend-down obligation is provided to the local office, eligibility for Medical Assistance shall begin effective the first day that the spend-down obligation is met. Covered services received from that date until the end of the eligibility period will be paid for by the Department. The client shall be responsible directly to the provider for payment for services provided prior to the time client meets the spend-down obligation.

- A) If one bill for medical expenses incurred on a certain date is more than enough to equal the spend-down obligation, part of the bill will be used to meet the spend-down obligation and the Department will price the bill to determine the Department's liability, if any. The Department shall be liable only if the Department rate is greater than that part of the bill used to meet spend-down and only for the difference between those two amounts.

- B) If more than one bill for medical expenses incurred on the same date would be enough to equal or exceed the spend-down obligation,

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.60
EMERGENCY

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy (Cont'd.)

medical expenses shall be applied to the spend-down obligation in the following order:

- i) Medicare and other health insurance premiums, deductibles or coinsurance charges;
- ii) medical expenses for services recognized under State law but not included in the State plan;
- iii) medical expenses for services included in the State plan. Once medical expenses are applied towards the spend-down obligation, the order of application shall not be changed.

- C) If a service is provided during the eligibility period but payment may be made by a third party, such as an insurance company, the medical expense will not be considered towards spend-down until the bill is adjudicated. When adjudicated, that part determined to be the responsibility of the client shall be considered as incurred on the date of service.

- 4) Prior to the end of the eligibility period, all clients, whether or not the spend-down obligation has been met, shall be notified in writing that the eligibility period will end on a certain date. The client will also be informed by this notice that if he or she wishes continued Medical Assistance, a reapapplication must be filed. Upon reapapplication, a new eligibility period will be established (assuming non-financial factors of eligibility are met), and, if appropriate, a new spend-down obligation will be created. If the client files a reapapplication prior to four (4) months after the end of the initial eligibility period, the client will be sent through a

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.60
EMERGENCY

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Infants Under Age One Year Who Do Not Qualify As Mandatory Categorically Needy (Cont'd.)

special, abbreviated intake procedure making use of current case record materials to verify factors of eligibility not subject to change.

- 5) The client is responsible to report any changes that occur during the eligibility period which might affect eligibility for Medical Assistance. If changes occur, appropriate action shall be taken by the Department, including termination of eligibility for Medical Assistance.
- 6) If changes in income or family composition occur, appropriate adjustments to the spend-down obligation and date of eligibility for Medical Assistance shall be made by the Department. The client will be notified in writing of the new spend-down obligation.

- A) If income decreases and, as a result, the client has already met the new spend-down obligation, eligibility for Medical Assistance shall be back-dated to the appropriate date.

- B) If income increases, and, as a result, the client has not produced proof of incurred medical expenses equal to the new spend-down obligation, the written notification of the new spend-down amount will also inform the client that he or she will no longer receive a Medical Eligibility Card and eligibility for Medical Assistance will be interrupted until proof of medical expenses equal to the new spend-down obligation is produced.

(Source: Emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.62
EMERGENCY

Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643

- a) 1) The following rule applies to individuals receiving in-home care services through the Department of Mental Health and Developmental Disabilities (DMHDD) in accord with 89 Ill. Adm. Code 140.643. The in-home care services are provided in the following community based residential settings.
 - A) Community Living Facilities (CLF)
 - B) Special Home Placements (SHP)
 - C) Supported Living Arrangement (SLA)
 - D) Home Individual Program (HIP)
 - E) Community Residential Alternatives (CRA)
- 2) A definition of the above quoted Home and Community based residential settings as well as a description of the Title XIX waiver services can be found at 59 Ill. Adm. Code 120.
- b) A one-month eligibility period will be used. Eligibility begins the first day of the eligibility period or the day during the month that spend-down is met.
- c) A one-person MANG Community Income Standard will be used (see 89 Ill. Adm. Code 120.20).
- d) The client shall be allowed an asset disregard in the amount for one client in accord with Section 120.382. Assets are considered in accord with 89 Ill. Adm. Code 113.140, 113.141, 113.142 and 113.154.
- e) If the client has SSI income, the SSI income will be applied by DMHDD toward the cost of room and board. However, no payment will be made by the Department for the cost of room and board. The client shall be responsible directly to DMHDD for payment of room and board costs.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.62
EMERGENCY

Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643 (Cont'd.)

- f) If the client's non-exempt income and non-exempt assets over the applicable asset disregard is greater than the MANG standard, the client must meet the spend-down obligation determined for the eligibility period before becoming eligible to receive Medical Assistance. The spend-down obligation is the amount by which the client's non-exempt income available during the eligibility period exceeds the MANG standard.
- g) The client may meet the spend-down by incurring Title XIX waiver (in-home care) services. Waiver services are considered incurred in total for the month on the first day of the month or the first day of stay for a month that the client resides in the approved residential setting if for less than an entire month. If the cost of waiver services equals or exceeds the spend-down amount, the spend-down obligation is met. DMHDD will provide the local office a statement of expected monthly charges for waiver services to ensure that the spend-down obligation is met.
- h) If the client's non-exempt income is and non-exempt assets over the applicable asset disregard are equal to or less than the MANG Standard, the client is eligible for medical assistance from the first day of the eligibility period.
- i) If the client's non-exempt income and non-exempt assets over the applicable asset disregard exceeds the MANG Standard, eligibility for medical assistance shall begin effective the first day that the spend-down obligation is met. The Department will pay for covered services less the client's liability (excluding Title XIX waiver services) received from the date the spend-down obligation is met date until the end of the eligibility period. The client shall be responsible directly to the provider for payment for services provided prior to the time client meets the spend-down obligation.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.62 Department of Mental Health and
EMERGENCY Developmental Disabilities (DMHDD) Approved
 Home and Community Based Residential
 Settings Under 89 Ill. Adm. Code 140.643
 (Cont'd.)

- j) A new application and/or a redetermination of eligibility will not be required for eligible clients who move from an institutional setting to an approved Home and Community based residential setting.
- k) A case review is required for eligible cases placed in an approved residential setting.
- l) A full redetermination of eligibility shall be made every twelve months.

(Source: Emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

Section 120.63 Department of Mental Health and Developmental
EMERGENCY Disabilities (DMHDD) Approved Home and
 Community Based Residential Settings

- a) 1) This Section applies to individuals receiving remedial care services through the Department of Mental Health and Developmental Disabilities (DMHDD) in Home and Community Based Residential Settings approved by DMHDD. Remedial care services are those services (except for room and board) provided by DMHDD that are directed toward meeting the needs of disabled clients who are not receiving services through the Department's In-Home Care Program (see Section 120.62). The remedial care services are provided in the following Home and Community Based Residential Settings:

- A) Community Living Facilities (CLF)
- B) Special Home Placements (SHP)
- C) Supported Living Arrangement (SLA)
- D) Home Individual Program (HIP)
- E) Community Residential Alternatives (CRA)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.63 Department of Mental Health and Developmental
EMERGENCY Disabilities (DMHDD) Approved Home and
 Community Based Residential Settings
 (Cont'd.)

- 2) A definition of the Home and Community Based Residential Settings can be found at 59 Ill. Adm. Code 120.
- b) A one-month eligibility period will be used. Eligibility begins the first day of the eligibility period or the day during the month that spend-down is met.
- c) A one-person MANG Community Income Standard will be used (see Section 120.20).

- d) The client shall be allowed an asset disregard in the amount for one client in accord with Section 120.382. Assets are considered in accord with 89 Ill. Adm. Code 113.140, 113.141, 113.142 and 113.154.

- e) If the client has SSI income, the SSI income will be applied by DMHDD toward the cost of room and board. The client shall be responsible directly to DMHDD for payment of room and board costs. No payment will be made by the Department for the cost of room and board.

- f) If the client's non-exempt income is and non-exempt assets over the applicable asset disregard are greater than the MANG Standard, the client must meet the spend-down obligation determined for the eligibility period before becoming eligible to receive medical assistance. The spend-down obligation is the amount by which the client's non-exempt income available during the eligibility period exceeds the MANG Standard.

- g) The client may meet the spend-down by incurring costs for remedial care services. Remedial care costs are the cost of all services reported by DMHDD that exceed the MANG Community Income Standard and the Income Disregard amount. Remedial care services are considered incurred in total for the month on the first day of the month or the first day of stay for a month that the client resides in the approved residential setting if for less than an entire month. If the cost of remedial care services equal or exceeds

NOTICE OF EMERGENCY AMENDMENTS

Section 120.63

EMERGENCY

Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings (Cont'd.)

the spend-down amount, the spend-down obligation is met. DMHDD will provide the local office a statement of expected monthly charges for remedial care services to ensure that the spend-down obligation is met.

- h) If the client's non-exempt income is and non-exempt assets over the applicable asset disregard are equal to or less than the MANG Standard, the client is eligible for medical assistance from the first day of the eligibility period.
- i) If the client's non-exempt income and non-exempt assets over the applicable asset disregard exceeds the MANG Standard, eligibility for medical assistance shall begin effective the first day that the spend-down obligation is met. Covered services, less the client's liability, received from the spend-down met date until the end of the eligibility period will be paid for by the Department. The client shall be responsible directly to the provider for payment for services provided prior to the time client meets the spend-down obligation.
- j) A new application and/or a redetermination of eligibility will not be required for eligible clients who move from an institutional setting to an approved Home and Community Based Residential Setting.
- k) A case review is required for eligible cases placed in an approved Home and Community Based Residential Setting.

- 1) A full redetermination of eligibility shall be made every twelve months.

(Source: Emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

Section 120.284

EMERGENCY

Spend-down of Assets (AMI)

- a) Determination of Assets

the spend-down amount, the spend-down obligation is met. DMHDD will provide the local office a statement of expected monthly charges for remedial care services to ensure that the spend-down obligation is met.

- h) If the client's non-exempt income is and non-exempt assets over the applicable asset disregard are equal to or less than the MANG Standard, the client is eligible for medical assistance from the first day of the eligibility period.
- i) If the client's non-exempt income and non-exempt assets over the applicable asset disregard exceeds the MANG Standard, eligibility for medical assistance shall begin effective the first day that the spend-down obligation is met. Covered services, less the client's liability, received from the spend-down met date until the end of the eligibility period will be paid for by the Department. The client shall be responsible directly to the provider for payment for services provided prior to the time client meets the spend-down obligation.
- j) A new application and/or a redetermination of eligibility will not be required for eligible clients who move from an institutional setting to an approved Home and Community Based Residential Setting.
- k) A case review is required for eligible cases placed in an approved Home and Community Based Residential Setting.

- 1) A full redetermination of eligibility shall be made every twelve months.

(Source: Emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

Section 120.284

EMERGENCY

Spend-down of Assets (AMI)

- a) Determination of Assets

NOTICE OF EMERGENCY AMENDMENTS

Section 120.284

EMERGENCY

Spend-down of Assets (AMI) (Cont'd.)

- 1) For individuals residing in the community, the Department determines the amount of non-exempt assets using the verified amount on the date of decision on the application for medical assistance. The date of verification may be prior to the date of decision. Money considered as income for a month is not considered as an asset for that same month. If income for a month is added to a bank account that month, the Department will subtract the amount of income from the bank balance to determine the asset level. Any income remaining the following month(s) is considered as an asset.

- 2) The amount of non-exempt assets verified during the application process is used on the date of decision. The date verified is the only point prior to redetermination or reapplication at which a determination is made of the value of non-exempt assets. In determining spend-down, the Department will disregard any changes (reduction or increase) in the amount of non-exempt assets before or after the date of decision. If medical eligibility includes a backdated month(s), for the backdated month(s), the Department will consider the amount of assets available to apply to the cost of medical care. The Department will not determine the value of assets for a backdated month(s) of eligibility. However, the amount of the excess assets verified during the application process is used to determine spend-down status in each backdated month of eligibility.

- 3) Once the excess asset has been used to meet spend-down, whether or not the excess amount has actually been reduced, it is no longer considered. However, at reapplication/redetermination, the Department will consider any excess non-exempt assets remaining as currently available.

- b) Community Cases

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.284 Spend-down of Assets (AMI) (Cont'd.)
EMERGENCY

To determine the spend-down obligation for AMI applicants, the Department will compare the amount of countable income anticipated to be received during the established six month period to the appropriate AMI Standard and add any non-exempt assets in excess of the appropriate asset disregard to countable income in excess of the appropriate AMI Standard.

1) Regular AMI

When an individual residing in the community, has countable monthly income of not more than 99 cents over the appropriate AMI Standard and has non-exempt excess assets of not more than 99 cents over the appropriate asset disregard, the case is referred to as a Regular AMI case. Payment for covered services is made for each month of the authorization period.

2) Spend-down AMI

A) The Department will compare countable income to the appropriate AMI Standard and add any non-exempt assets in excess of the appropriate asset disregard to determine the spend-down amount. When the individual resides in the community and has countable monthly income of at least \$1.00 over the AMI Standard and/or non-exempt assets of at least \$1.00 in excess of the asset disregard for the appropriate size household, the case is referred to as a community spend-down case.

B) The spend-down amount is the sum of the amount of income in excess of the appropriate AMI Standard and any non-exempt assets in excess of the appropriate asset disregard. The Department will disregard excess countable monthly income and/or asset amounts that are not at least \$1.00 over the appropriate standard or disregard.

C) A program participant may have a spend-down amount based only on excess assets. When

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.284 Spend-down of Assets (AMI) (Cont'd.)
EMERGENCY

countable monthly income is not more than 99 cents over the appropriate AMI standard and non-exempt assets are at least \$1.00 in excess of the appropriate asset disregard, the case is referred to as a community spend-down case. The spend-down amount is the amount of non-exempt assets in excess of the appropriate asset disregard.

D) The transfer of asset policy set forth in Section 120.285 still applies. Once the program participant has been determined to have a resource spend-down because of excess non-exempt assets, the spend-down cannot be eliminated by a non-allowable transfer made to qualify for or increase the need for medical assistance.

E) If the individual, enrolled in spend-down solely on the basis of excess assets (no excess income), presents verification that the excess amount is no longer available and the transfer of assets is allowable according to policy set forth in Section 120.285, the Department will change the case classification to Regular AMI the month following the month the assets were transferred. If the resource spend-down has been met, the policy set forth in Section 120.285 regarding transfer of assets does not apply. The program participant may dispose of the asset as he/she wishes as it has been applied to a met spend-down.

F) Individuals enrolled in spend-down are not eligible for payment of covered medical services until spend-down is met. Spend-down is met by presenting allowable medical bills or receipts to the Department that equal the amount of the individual's excess countable income and/or non-exempt excess assets. Individuals are not required

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.284
EMERGENCY

Spend-down of Assets (AMI) (Cont'd.)

to reduce excess assets prior to the issuance of a medical card.

(Source: Emergency rule added at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

Section 120.384
EMERGENCY

Spend-down of Assets (MANG)

a) Determination of Assets

1) For individuals residing in the community the Department determines the amount of non-exempt assets using the verified amount on the date of decision on the application for medical assistance. The date of verification may be prior to the date of decision. Money considered as income for a month is not considered as an asset for that same month. If income for a month is added to a bank account that month, the Department will subtract the amount of income from the bank balance to determine the asset level. Any income remaining the following month(s) is considered as an asset.

2) The amount of non-exempt assets verified during the application process is used on the date of decision. The date verified is the only point prior to redetermination or reapplication at which a determination is made of the value of non-exempt assets. In determining spend-down, the Department will disregard any changes (reduction or increase) in the amount of non-exempt assets before or after the date of decision. If medical eligibility includes a backdated month(s), for the backdated month(s), the Department will consider the amount of assets available to apply to the cost of medical care. The Department will not determine the value of assets for a backdated month(s) of eligibility. However, the amount of the excess assets verified during the application process is used to determine spend-down status in each backdated month of eligibility.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.384
EMERGENCY

Spend-down of Assets (MANG) (Cont'd.)

3) Once the excess asset has been used to meet spend-down, whether or not the excess amount has actually been reduced, it is no longer considered. However, at reapplication/redetermination, the Department will consider any excess non-exempt assets remaining as currently available.

b) Community Cases (MANG)

To determine the spend-down obligation for MANG applicants and active program participants, the Department will compare monthly countable income to the appropriate MANG standard and adds any non-exempt assets in excess of the appropriate asset disregard to non-exempt monthly income in excess of the appropriate MANG Standard.

1) Regular MANG - Community Residents

When an individual residing in the community, has countable monthly income of not more than 99 cents over the appropriate MANG Standard and has non-exempt excess assets of not more than 99 cents over the appropriate asset disregard, the case is referred to as a Regular MANG Case. Payment for covered services is made for each month eligibility exists.

2) Spend-down MANG - Community Residents

A) When an individual resides in the community and has countable monthly income of at least \$1.00 over the MANG Standard and/or non-exempt assets of at least \$1.00 in excess of the asset disregard for the appropriate size household, the case is referred to as a community spend-down case. The spend-down amount is the sum of the amount of income in excess of the appropriate asset disregard. The Department will disregard any excess income and/or asset amounts that are not at least \$1.00 over the appropriate standard or disregard.

NOTICE OF EMERGENCY AMENDMENTS

Spend-down of Assets (MANG) (Cont'd.)Section 120.384
EMERGENCY

B) If the individual, enrolled in spend-down solely on the basis of excess assets, presents verification that the excess amount is no longer available and the transfer of assets is allowable according to Section 120.385, the Department will change the case classification to Regular MANG the month following the month the assets were transferred. If spend-down has been met, the policy set forth in Section 120.385 regarding transfer of assets does not apply. The program participant may dispose of the asset as he/she wishes as it has been applied to a met spend-down.

C) Individuals enrolled in spend-down are not eligible for payment of covered medical services until spend-down is met. Spend-down is met by presenting allowable medical bills or receipts to the Department that equal the amount of the individual's excess countable income and/or non-exempt excess assets. Excess assets do not have to be reduced prior to the issuance of a medical card.

(Source: Emergency rule added at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days)

NOTICE OF REFUSAL TO MEET
THE OBJECTION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

- 1) The Heading of the Part: Community Care Program
- 2) Code Citation: 89 Ill. Adm. Code 240
- 3) Section Number: 240.1310 Action: Refusal
- 4) Date of Notice of Proposed Rules Published in the Register:
July, 1, 1988 12 Ill. Reg. 10821
(issue date)
- 5) Date JCAR Statement of Objection Published in Register:
June 23, 1989 13 Ill. Reg. 9594
(issue date)
- 6) Summary of Action Taken by the Agency:

The Department on Aging has given serious consideration to the Statement of Objection adopted by the Joint Committee on Administrative Rules at its meeting of June 6, 1989. Following this consideration, it remains the Department's position, and decision, to adopt the language proposed for Section 240.1310(f)(2) during the second notice period.

It is the Department's position that the arena of mergers, consolidations and asset sales is ever fluctuating and each situation requires individual study and review. Because of this, the Department on Aging believes that presentation in rule of circumstances, when they are not yet fully known to the Department, will prove a serious problem when decisions over service and providers of service is so individual and critical.

Therefore, the Department on Aging refuses to modify Section 240.1310(f)(2).

ILLINOIS COMMERCE COMMISSION

NOTICE OF REFUSAL TO MEET THE OBJECTION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

1) The Heading of the Part: Fees and Taxes2) Code Citation: 92 Ill. Adm. Code 12053) Section Numbers: Action:

1205.10

Refusal

4) Date Notice of Proposed Rules Published in the Illinois Register: February 10, 1989, at 13 Ill. Reg. 16655) Date JCAR Statement of Objection Published in the Register:

June 23, 1989

13 Ill. Reg. 9597

6) Summary of Action Taken by the Agency:

The Joint Committee's objection fails to adequately address all the statutory language concerning fees. Section 18c-1501(1) states

The levels of franchise, franchise renewal, filing, and other fees for motor carriers of property in effect, absent commission regulations prescribing different fee levels, shall be:

(a) Franchise and franchise renewal fees....

(b) Filing fees....

There is no listing of "other fees" in Section 18c-1501. If there was no authority for "other fees," it would have been unnecessary to have language in the Section on "other fees."

Section 18c-1503, entitled "Legislative Intent," states in part:

It is the intent of the Legislature that the exercise of powers under Sections 18c-1501 and 18c-1502 of this Chapter shall not diminish revenues to the Commission, and that any surplus or deficit of revenues in the Transportation Regu-

ILLINOIS COMMERCE COMMISSION

NOTICE OF REFUSAL TO MEET THE OBJECTION OF THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

latory Fund, together with any projected changes in the cost of administering and enforcing this Chapter, should be considered in establishing or adjusting fees and taxes in succeeding years.

Apparently the Legislature recognizes that fees will be established. It is only logical to conclude that the agency charged with implementing the ICTL will be the agency empowered to establish fees.

The Joint Committee states that a cardinal rule of statutory construction is that the intention of the legislature is to be given effect. The Joint Committee fails to note another cardinal rule of construction, that statutes should be construed so as to render no word or clause thereof meaningless or superfluous (*Price v. Board of Fire and Police Commissioners of City of Beardstown*, 139 Ill.App.3d 333, 93 Ill. Dec. 848 (1985)). The statutory construction of the Joint Committee would render the statutory language concerning other fees and the establishment of fees meaningless or superfluous. In establishing the fees, it is clear that the Commission is complying with the legislative intent set forth in Section 18c-1503.

The Commission therefore refuses to withdraw or modify the proposed amendments in response to the objection issued by the Joint Committee on Administrative Rules.

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Administrative Hearings And Appeals
- 2) Code Citation: 56 Ill. Adm. Code 2725
- 3) Section Number:
 2725.20 Proposed Action:
 2725.100 Amended Section
 2725.105 Amended Section
 2725.120 Amended Section
 2725.250 Amended Section
 2725.270 Amended Section
- 4) Date Notice of Proposed Amendments Published in the Illinois Register:
 April 21, 1989 13 Ill. Reg. 5344
- 5) Reason for the withdrawal: Recent amendments to the UI Act have changed items in the proposed amendments. Emergency amendments have been filed and new proposed amendments.

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Claims, Adjudication, Appeals and Hearings
- 2) Code Citation: 56 Ill. Adm. Code 2720
- 3) Section Number:
 2720.1 Proposed Action:
 2720.130 Amended Section
 2720.132 Amended Section
 New Section
- 4) Date Notice of Proposed Amendments Published in the Illinois Register:
 April 21, 1989 13 Ill. Reg. 5362
- 5) Reason for the withdrawal: Recent amendments to the UI Act have changed items in the proposed amendments. Emergency amendments have been filed and new proposed amendments.

ILLINOIS REGISTER

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Payment Of Unemployment Contributions, Interest And Penalties
- 2) Code Citation: 56 Ill. Adm. Code 2765
- 3) Section Number:
 - 2765.325 New Section
 - 2765.328 New Section
 - 2765.330 New Section
 - 2765.332 New Section
 - 2765.333 New Section
 - 2765.334 New Section
 - 2765.335 New Section
- 4) Date Notice of Proposed Amendments Published in the Illinois Register:
 - April 21, 1989 13 Ill. Reg. 5375
- 5) Reason for the withdrawal: Recent amendments to the UI Act have changed items in the proposed amendments. Emergency amendments have been filed and new proposed amendments.

ILLINOIS REGISTER

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of June 26, 1989 through June 30, 1989 and have been scheduled for review by the Committee at its August meeting. Other items not contained in this published list may also be considered by the Joint Committee at its August meeting. Members of the public wishing to express their views with respect to a proposed rule should submit written comments to the Joint Committee at the following address: Joint Committee on Administrative Rules, 509 South Sixth Street, Room 500, Springfield, IL 62701.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start of First Notice</u>	<u>Scheduled for Consideration by JCAR</u>
8/14/89	Department of Commerce and Community Affairs, Economic Dislocation and Worker Adjustment Assistance (56 Ill. Adm. Code 2625)	3/24/89 13 Ill. Reg. 3513	August, 1989
8/14/89	Department of Commerce and Community Affairs, Service Delivery System and State Responsibilities (56 Ill. Adm. Code 2600)	3/24/89 13 Ill. Reg. 3515	August, 1989
8/14/89	Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890)	4/7/89 13 Ill. Reg. 4543	August, 1989
8/14/89	Department of Public Aid, Reimbursement for Nursing Costs for Geriatric Facilities (89 Ill. Adm. Code 147)	3/24/89 13 Ill. Reg. 3562	August, 1989
8/14/89	Department of Commerce and Community Affairs, Service Delivery System and State Responsibilities (56 Ill. Adm. Code 2600)	4/7/89 13 Ill. Reg. 4331	August, 1989

PROCLAMATION
89-307

City Of Sparta Sesquicentennial Week

WHEREAS, the city of Sparta was originally established as the town of Columbus in 1837; and

WHEREAS, the name of the town was changed to Sparta in 1839; and

WHEREAS, it is appropriate and proper to celebrate the 150th anniversary of the city of Sparta this year; and

WHEREAS, the Sparta Sesquicentennial Commission has heretofore been established for the purpose of planning and organizing this most worthwhile observance;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim August 13-20, 1989, as CITY OF SPARTA SESQUICENTENNIAL WEEK in Illinois.

Issued June 21, 1989. Filed July 3, 1989.

PROCLAMATION
89-308

Dental Hygiene Week

WHEREAS, in the practice of dentistry, the dental hygienist is an essential member of today's dental team and provides the knowledge necessary for proper oral hygiene care. The dental hygienist is a college-educated, licensed professional who is skilled in performing a complete oral prophylaxis and educating the patients regarding the state of their oral health; and

WHEREAS, the prophylactic and educational services of the dental hygienist are essential in the dental office, as well as in public health facilities, institutions, private organizations and research facilities, to provide for the best possible oral health care of the consumer; and

WHEREAS, more than 1,000 registered dental hygienists are members of the 12 local components of the Illinois Dental Hygienists' Association. Through the association, the hygienists work to improve the dental health of residents of this state and to further their own education and professionalism in serving the public;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim October 15-21, 1989, as DENTAL HYGIENE WEEK in Illinois, and urge our citizens to become familiar with and appreciate the practice of dental hygiene.

Issued June 21, 1989. Filed July 3, 1989.

PROCLAMATION
89-309

Henry George Month

WHEREAS, September 2, 1889, will mark the 150th anniversary of the birth of Henry George, author, orator and economist; and

WHEREAS, this great economist wrote 10 books to express his philosophy in layman language; and

WHEREAS, George's most famous book, Progress and Poverty, translated into many languages, has been taught by volunteers in classes throughout the United States and the free world for five generations; and

WHEREAS, with the world in turmoil, confusion and conflict, there is need today for everyone to review George's teaching; and

WHEREAS, the Henry George Sesquicentennial International Conference will occur in Philadelphia, Pennsylvania, attracting students of Henry George's teachings from Illinois as well as from many nations around the world;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 29 - September 2, 1889, as HENRY GEORGE MONTH in Illinois, and urge my fellow citizens to note special events planned for that month.

Issued June 21, 1889. Filed July 3, 1889.

PROCLAMATION
89-310

Pompon Appreciation Day

WHEREAS, 1,000 young women from 50 midwestern high school pompon squads will be demonstrating their hard work and talents at the Allstate Open PomPon competition; and

WHEREAS, several groups of young women from Illinois will be participating in the competition to be held at the 1989 Wisconsin State Fair; and

WHEREAS, participation in pompon squads can be an integral part of a young persons life by helping to promote responsibility, increase awareness of women's athletics, emphasize good health, and strengthen community pride;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim August 6, 1989, as POMPON APPRECIATION DAY in Illinois and urge all citizens of Illinois to realize the importance of this opportunity which is offered to our youth.

Issued June 21, 1989. Filed July 3, 1989.

PROCLAMATION
89-311

Firefighters Appreciation Week

"Not a gift of a cow, nor a gift of land, nor yet a gift of food, is so important as the gift of safety, which is declared to be the great gift among all gifts in this world"

Panchatantra (c. 5th century)

WHEREAS, firefighters are prepared to sacrifice their lives at all times in their professional service to their communities; and

WHEREAS, their immense contributions, both of personal risk and time devoted to public service, need to be acknowledged; and

WHEREAS, last year firefighters in more than 100 Illinois communities raised and donated over \$100,000 to the Muscular Dystrophy Association;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim August 19-22, 1989, as FIREFIGHTERS APPRECIATION WEEK in Illinois, in conjunction with MDA's recognition of their efforts.

Issued June 22, 1989. Filed July 3, 1989.

PROCLAMATION
89-312

Lions Candy Day

WHEREAS, Lions of Illinois have spearheaded efforts to protect our citizens against the ravages of blindness and deafness for many years; and

WHEREAS, there are currently 20,000 blind persons in Illinois and 106,000 Illinois residents are totally deaf; and

WHEREAS, 670 Lions Clubs and 100 Lioness Clubs have been working to fund free services for the blind, visually handicapped, deaf and hearing impaired since 1952 through Lions Candy Day; and

WHEREAS, Lions have expended millions of dollars in recent years for an eye donor registry, for glaucoma and hearing screenings, camping programs, hearing aid and eyeglasses collections, and hundreds of local programs; and

WHEREAS, on Friday, October 13, Lions are observing Candy Day, their primary fundraising event of the year;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim October 13, 1989, as LIONS CANDY DAY in Illinois and urge all Illinois residents to offer generous support for this event.

Issued June 22, 1989. Filed July 3, 1989.

PROCLAMATION
89-313

CMM7-Converting Machinery/Materials Week

WHEREAS, converting, a method by which basic materials are turned into marketable packaging or non-packaging products, is an efficient process essential to industry; and

WHEREAS, the Converting Machinery/Materials Trade Show began 15 years ago and is held biennially; and

WHEREAS, the seventh Converting Machinery/Materials Trade Show, CMM7, will be held September 11-14, and McCormick Place in Chicago was chosen to be the new site of this exposition; and

WHEREAS, more than 25,000 attendees and 550 exhibitors representing 50 countries are expected at the show;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim the week of September 11-14, 1989, as CMM7--CONVERTING MACHINERY/MATERIALS WEEK in Illinois.

Issued June 26, 1989. Filed July 3, 1989.

PROCLAMATION
89-314

Help Retarded Citizens Days

WHEREAS, on October 27-28 the Illinois State Council of the Knights of Columbus members will conduct their 20th annual campaign for funds to benefit the mentally retarded citizens of the state. Last fall, the Knights raised over 1.5 million dollars, which were distributed to more than 300 organizations devoted to assisting individuals with mental handicaps; and

WHEREAS, the Illinois State Council of the Knights of Columbus has provided funds and personal assistance to enable the participation of youngsters in the Special Olympics program; and

WHEREAS, the council has provided more than 1 1/2 million dollars to build or reconstruct homes for the mentally retarded in all six Diocese of Illinois; and

WHEREAS, since the time the Illinois State Council of the Knights of Columbus gave birth to this program, 43 other states have activated similar campaigns providing much needed financial assistance to the mentally retarded;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim October 27-28, 1989, as HELP RETARDED CITIZENS DAYS in Illinois and extend my appreciation to the Knights of Columbus for their generous efforts that benefit those less fortunate than themselves.

Issued June 26, 1989. Filed July 3, 1989.

PROCLAMATION

89-315

Kids For Conservation Day

WHEREAS, conservation activities remain a generally low priority in Illinois, and teaching environmental awareness at an early age can help to increase these activities in the future; and

WHEREAS, wildlife and nature are areas of much curiosity to children, yet no organization has taken the opportunity to communicate with them towards the need for conservation involvement until now; and

WHEREAS, Kids for Conservation is a campaign co-sponsored by business and conservation interest groups created to raise children's and parents' awareness and education levels concerning fundamental conservation facts and theories; and

WHEREAS, this campaign will provide children with a factual forum on Illinois' environment that is not only educational but interesting and fun;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim August 12, 1989, as KIDS FOR CONSERVATION DAY in Illinois, hoping that these children can use the knowledge they receive from this beneficial program, now and in the future as adults, to conserve Illinois' natural resources and wildlife and maintain a healthy environment for our citizens.

Issued June 26, 1989. Filed July 3, 1989.

PROCLAMATION

89-316

Leukemia Awareness Week

WHEREAS, on Saturday, August 5, 1989, the Leukemia Society of America is telecasting "SIX HOURS FOR LIFE" from 11 a.m. to 5 p.m. live on WCIA-WCFN Channel 3. Proceeds from this televent will benefit research into the causes and eventual cures for leukemia, multiple myeloma, and Hodgkin's disease; and

WHEREAS, it is estimated that there will be 1300 new cases of leukemia and related diseases and an additional 900 deaths in Illinois; and

WHEREAS, the Leukemia Society is the largest national voluntary health agency dedicated to the control and eradication of leukemia and related diseases through the efforts of Leukemia Society sponsored researchers in Illinois, the United States, and throughout the world. Until all cures and found, the Leukemia Society also provides expanding programs of patient aid, professional education, public health education, and community service; and

WHEREAS, the Illinois Chapter of the Leukemia Society of America is currently providing grants for three universities as well as direct financial aid to patients;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim the week of August 1-6, 1989, as LEUKEMIA AWARENESS WEEK in Illinois to support this worthwhile effort and urge all Illinoisans to do the same.

Issued June 26, 1989. Filed July 3, 1989.

PROCLAMATION
89-317

Women In Careers Day

WHEREAS, the National Association for Women in Careers will hold its ninth annual convention July 28-30, 1989, at Rockford College, Rockford. The theme will be "The 3 R's-Reaching-Up, Reaching-Out, Reaching-In; and

WHEREAS, The National Association for Women in Careers is open to all women aspiring to personal and/or career growth; and

WHEREAS, the organization was established in 1981 and is currently comprised of 13 chapters nationwide; and

WHEREAS, the purpose of the organization is to provide educational skills-building workshops aimed at enhancing personal and career growth; and

WHEREAS, the annual convention will be based on a wholistic approach whereby one's personal relationships, career, and spirituality are all in sync for maximum development;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 29, 1989, as National Association for WOMEN IN CAREERS DAY in Illinois, in recognition of the outstanding contributions of Women in Careers.

Issued June 26, 1989. Filed July 3, 1989.

PROCLAMATION
89-318
Hunting And Fishing Days

WHEREAS, sportsmen have been in the forefront of the conservation movement for 100 years, willingly accepting responsibility and imposing necessary regulations on their sport; and

WHEREAS, not content with merely vocalizing their support, hunters and fishermen have requested special fees and taxes which help pay for wildlife management and other conservation programs, raising more than \$6 billion over the years; and

WHEREAS, sportsman-financed programs have led to the dramatic comeback of many species, such as the white-tailed deer and wild turkey, and have greatly benefited all wildlife; and

WHEREAS, as individuals and through their organizations, hunters and fishermen volunteer countless hours of their time for local conservation projects and to raise funds to safeguard our natural resources for future generations;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim September 23-24, 1989, as HUNTING AND FISHING DAYS in Illinois, and I urge our citizens to join with hunters and anglers in continuing the effort to secure the future of our state's natural resources.

Issued June 27, 1989. Filed July 3, 1989.

ILLINOIS REGISTER

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PROCLAMATION
89-319
National Baton Twirling Week

WHEREAS, the baton twirling movement has affected the lives of American girls and boys, and now has nearly one million active participants; and

WHEREAS, baton twirling has been instrumental in building the confidence and character of these young people, and has provided guidance and training so that they might become better qualified citizens; and

WHEREAS, the art of baton twirling is today the second largest nationwide beneficial youth movement for girls; and

WHEREAS, baton twirling plays an important part in children's hospitals as a unique and effective method of physical therapy; and

WHEREAS, baton twirlers lend so much color and inspiration to our community; and

WHEREAS, champion twirlers from all over the United States will gather at the University of Notre Dame July 24-29 to conduct a colorful youth pageant called "AMERICA'S YOUTH ON PARADE"; and

WHEREAS, the grand national baton twirling championships will be conducted as part of the big Notre Dame festival;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 23-29, 1989, as NATIONAL BATON TWIRLING WEEK in Illinois and urge our citizens to support the colorful and beneficial youth movement of baton twirling.

Issued June 27, 1989. Filed July 3, 1989.

ILLINOIS REGISTER

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PROCLAMATION
89-320
Railway Mail Service Day

WHEREAS, the Railway Mail Service (RMS) was a branch of the Post Office Department (POD) by which mail was transported and distributed en route via rail, highway, and water carriers at air mail fields and in city terminals; and

WHEREAS, the first route between Chicago and Clinton was established August 28, 1864, by George B. Armstrong, Assistant Postmaster of Chicago; and

WHEREAS, at its high point immediately following World War II, the RMS employed more than 30,000 postal transportation clerks handling over 90 percent of all non-local mail and working aboard Railway Post Office and Highway Post Office cars on over 1,500 routes; and

WHEREAS, these postal clerks, known informally as the "Marine Corps" of the Post Office Department, performed the vital job of sorting mail in transit, at terminals, and at transfer offices; and

WHEREAS, the history of the Railway Mail Service is highlighted by these clerks' superior intellect and memory, steadfast attention to duty, and legendary stamina;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim August 28, 1989, as RAILWAY MAIL SERVICE DAY in Illinois to commemorate the 125th anniversary of the establishment of the first permanent Railway Post Office route and to honor those associated with this branch of the POD throughout its history.

Issued June 27, 1989. Filed July 3, 1989.

PROCLAMATION
89-321
Great American People Day

PROCLAMATION
89-322
Hosiery Week

WHEREAS, the Great American People Show is a repertory theatre company dedicated to the creation and production of historical drama; and

WHEREAS, based at Lincoln's New Salem State Park, the group's shows have been seen by more than 100,000 people from over 25 countries and every U.S. state; and

WHEREAS, the show Your Obedient Servant, A. Lincoln, Portrait of a Prairie Capitol, and Sara Teasdale: A Breath of Ecstasy will be performed through August 19, 1989, the company's 14th season;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 1989 as GREAT AMERICAN PEOPLE DAY in Illinois, and I urge citizens to attend these fine presentations which so accurately and entertainingly document our state's great history.

Issued June 29, 1989. Filed July 3, 1989.

WHEREAS, the American hosiery industry celebrates its 18th annual National Hosiery Week in 1989; and

WHEREAS, the hosiery industry makes a valuable contribution to the economy of Illinois and the rest of the United States; and

WHEREAS, there are more than 700 hosiery manufacturing facilities across America, employing more than 70,000 people; and

WHEREAS, consumer purchases of hosiery products rose for the fourth straight year, and hosiery exports increased 22 percent during 1988;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim August 13-19, 1989, as HOSIERY WEEK in Illinois in conjunction with the national observance.

Issued June 29, 1989. Filed July 3, 1989.

ILLINOIS REGISTER

11979

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PROCLAMATION
89-323

Polled Hereford Week

WHEREAS, the 16th National Junior Heifer Show and Forum is to be held in Springfield, Illinois July 23-29, 1989; and

WHEREAS, this is a nationally recognized event that is hosted by a different state each year; and

WHEREAS, this year marks the second year in which the Illinois Junior Polled Hereford Association has hosted the National Junior Heifer Show and Forum; and

WHEREAS, this event attracts junior exhibitors and beef producers from all parts of the United States and Canada, as well as parents, beef producers, and spectators; and

WHEREAS, the Polled Hereford breed is recognized as a predominant producing beef breed, and beef producers play an important part in the production of livestock;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 23-29, 1989, as POLLED HEREFORD WEEK in Illinois.

Issued June 29, 1989. Filed July 3, 1989.

ILLINOIS REGISTER

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PROCLAMATION
89-324

Sexually Transmitted Disease Education Month

WHEREAS, as one of the country's high-risk states for sexually transmitted diseases (STDs), Illinois is a major target area which has been established to help communicate the individual's role in controlling STDs; and

WHEREAS, support information is being produced to inform health officials about the program, to provide them with educational materials to be distributed within their facilities, and to prepare them to counsel individuals who may seek information; and

WHEREAS, a public education campaign supported by several medical organizations has been developed to emphasize the importance of regular examination to lessen the health threat;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 1989 as SEXUALLY TRANSMITTED DISEASE EDUCATION MONTH in Illinois.

Issued June 29, 1989. Filed July 3, 1989.

PROCLAMATION
89-325

Spirit Of Love Award Day

WHEREAS, Little City Foundation is a national service provider for people with mental retardation and other developmental challenges, which provides educational, vocational, recreational, health and wellness, and residential programs; and

WHEREAS, Little City Foundation has established an annual "Spirit of Love" award dinner to honor Chicago's leading women in the community; and

WHEREAS, awards will be presented to Nancy McKeever, DuSable Museum and Museum of Science and Industry committee member; Joyce Sloan, producer of Second City Theatre; and Laura Sudler, president of the Chicago Academy of Sciences. These women have demonstrated tireless devotion, outstanding dedication and heartwarming service to their communities and to Little City Foundation;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim November 6, 1989, as SPIRIT OF LOVE AWARD DAY in Illinois in honor of these outstanding citizens of our state.

Issued June 29, 1989. Filed July 3, 1989.

PROCLAMATION
89-326

Wooten Choral Ensemble Day

WHEREAS, the Wooten Choral Ensemble will celebrate its 40th anniversary on July 16, 1989, at Christ Universal Temple in Chicago; and

WHEREAS, the ensemble was organized in 1949 by Dr. Robert Wooten, Sr., whose goal was to use music to spread the gospel message; and

WHEREAS, the ensemble has traveled to churches, concert halls, recording studios, television studios, and hospital wards all over the country; and

WHEREAS, it has provided a Ministry of Music that has inspired audiences of all backgrounds and denominations;

THEREFORE, I, James R. Thompson, Governor of the State of Illinois, proclaim July 16, 1989, as WOOTEN CHORAL ENSEMBLE DAY in Illinois, and commend its members on their continued dedication.

Issued June 29, 1989. Filed July 3, 1989.

JCAR - Joint Committee on Administrative Rules

ACTION CODES

A - Adopted Rule	P - Proposed Rule
AR - Adopted Repealer	PF - Prohibited Filing Ordered by JCAR
C - Notice of Corrections	PP - Peremptory or Court ordered Rules
CC - Codification Changes	PR - Proposed Repealer
E - Emergency Rule	R - Refusal to meet JCAR objection
ER - Emergency Repealer	RC - Statement of Recommendation
M - Modification to meet JCAR objections	S - Suspension ordered by JCAR
O - JCAR Statement of Objections	W - Withdrawal to meet JCAR objections

EXAMPLE:

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 285	III. Grain Insurance Act (P-18048/85; A-6818)				
TITLE	PART	ACTION CODE	PAGE NUMBER	PAGE NUMBER	ACTION CODE
			PREVIOUS VOLUME		

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (312) 782-9786.

AGING, DEPARTMENT ON

89 Ill. Adm. Code 240	Community Care Program (P-685) (P-10821/88; O-9594; R-11956; A-11193)
89 Ill. Adm. Code 230	Older Americans Act Programs (P-14777/88; A-2015) (P-12137/88; A-3054)

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 255	Agricultural Facilities (P-2571)
8 Ill. Adm. Code 110	Animal Diagnostic Laboratory Act (P-19153/88; A-3617)
8 Ill. Adm. Code 25	Animal Welfare Act (P-19164/88; A-3628)
8 Ill. Adm. Code 75	Bovine Brucellosis (P-19172/88; A-3636)
8 Ill. Adm. Code 20	Definitions (P-19178/88; W-2166)
8 Ill. Adm. Code 85	Diseased Animals (P-19185/88; A-3642)
8 Ill. Adm. Code 700	Farm and Preservation Act (P-14786/88; A-285) (P-2598; A-10489) (P-17139/88; A-3653)
68 Ill. Adm. Code 600	Grain Dealers (P-19795/88; A-3665)
8 Ill. Adm. Code 80	III. Bovine Tuberculosis Eradication Act (P-19196/88; A-3676)
8 Ill. Adm. Code 90	III. Dead Animal Disposal Act (P-19201/88; A-3681)
8 Ill. Adm. Code 115	III. Pseudorabies Control Act (P-19218/88; A-3685)
8 Ill. Adm. Code 230	III. Seed Law (P-3511; A-10499) (E-4015)
68 Ill. Adm. Code 610	Livestock Dealer Licensing (P-19205/88; A-3690)
8 Ill. Adm. Code 125	Meat & Poultry Inspection Act (PP-228) (PP-2160) (P-19211/88; A-3696)
2 Ill. Adm. Code 700	Organizational Chart, Description, Rulemaking Procedure, & Programs (A-5066)
8 Ill. Adm. Code 505	Public Grain Warehouse & Warehouse Receipts Act (P-19806/88; A-3703)
8 Ill. Adm. Code 105	Swine Disease Control & Eradication Act (P-20309/88; A-3715)

ALCOHOLISM AND SUBSTANCE ABUSE, DEPARTMENT OF

77 Ill. Adm. Code 2056	Driving Under the Influence Programs (P-22265/88; A-7274)
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ATTORNEY GENERAL

14 Ill. Adm. Code 470	Retail Advertising (P-15239/88; A-11441)
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BANKS AND TRUST COMPANIES, COMMISSIONER OF

38 Ill. Adm. Code 320	Powers Incidental & Germane to Carrying on a General Banking Business (P-8737)
38 Ill. Adm. Code 303	Use of a State Bank's Corporate Name in Identification & Communication (P-2889)

CAPITAL DEVELOPMENT BOARD

44 Ill. Adm. Code 910	Procurement Practices (P-1917; A-8403)
71 Ill. Adm. Code 40	Standards for Award of Grants Elementary & Secondary Schools Capital Assistance Program (P-1283; A-6973)

CARNIVAL-AMUSEMENT SAFETY BOARD

56 Ill. Adm. Code 6000	Carnival & Amusement Ride Inspection Law (P-7845) (E-8025)
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CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF

89 Ill. Adm. Code 1300	Day Care (P-19223/88; A-4644)
80 Ill. Adm. Code 302	Ment & Fitness (P-15813/88; A-3722) (P-10569/88; A-10820)
80 Ill. Adm. Code 310	Pay Plan (P-20584/88; RC-1254) (P-1296; A-8849) (P-2892; A-11451) (PP-8080) (PP-8970) (P-10725) (E-10967) (P-11117) (E-11854)
80 Ill. Adm. Code 2150	Service-Connected Days Benefit Administration (P-10285/88; A-2402) (P-6853)
80 Ill. Adm. Code 2650	Solicitation for Charitable Payroll Deductions (P-6871/88; O-1256; R-3411; A-3330)
80 Ill. Adm. Code 2110	State of Ill. Dependent Care Assistance Plan (P-1; A-9259) (E-214)
44 Ill. Adm. Code 5040	State Vehicles & Garage (P-4071)

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF

89 Ill. Adm. Code 334	Administration & Funding of Community-Based Services to Youth (P-11915/88; A-6986)
89 Ill. Adm. Code 385	Background Checks (P-13744/88; A-5917)
89 Ill. Adm. Code 431	Confidentiality of Personal Information of Persons Served by the Department (P-11922/88; O-22457/88; R-2532; A-2407)
89 Ill. Adm. Code 310	Delivery of Youth Services Funded by the Department of Children & Family Services (P-11935/88; O-3412; RC-3414; R-7483; A-7308)
89 Ill. Adm. Code 437	Department of Children & Family Services Employee Conflict of Interest (P-13752/88; A-3339)
89 Ill. Adm. Code 357	Purchase of Service (P-13807/88; A-3344)
89 Ill. Adm. Code 300	Reports of Child Abuse & Neglect (P-11953/88; O-22472/88; R-2535; A-2419)
89 Ill. Adm. Code 432	Research Involving Children & Families (P-5225)
89 Ill. Adm. Code 302	Services Delivered by the Department (P-7847) (P-13814/88; W-8115)

CIVIL SERVICE SYSTEM, STATE UNIVERSITIES

80 Ill. Adm. Code 250	State Universities Civil Service System (P-1921) (P-17569/88; A-7324)
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COLLEGES AND UNIVERSITIES, BOARD OF GOVERNORS OF STATE

44 Ill. Adm. Code 530	Joint Rules of the Board of Regents, the Board of Governors of State Colleges & Universities, the Board of Trustees of the University of Ill., & the Board of Trustees of Southern Ill. University: Procurement & Bidding (P-2648)
2 Ill. Adm. Code 5025	Public Information, Rulemaking & Organization (AR-3742) (A-3747)

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF

14 Ill. Adm. Code 630	Corridors of Opportunity Program (P-4987/88; A-4164)
56 Ill. Adm. Code 2625	Economic Dislocation & Worker Adjustment Assistance (P-3513) (E-4019)
47 Ill. Adm. Code 160	Emergency Shelter Grant Program (P-9271/88; A-2024)
14 Ill. Adm. Code 520	Enterprise Zone Program (P-4985)
14 Ill. Adm. Code 590	III. Large Business Development Program (P-15249/88; A-2028)

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF (CONT'D)

- 14 Ill. Adm. Code 570
 Ill. Small Business Development Program (P-20714/87; A-58)
 14 Ill. Adm. Code 620
 Labor-Management Program (P-14797/88; A-1758)
 56 Ill. Adm. Code 2600
 Service Delivery System & State Responsibilities (P-3515) (E-4028) (P-4331)
 1 Ill. Adm. Code 300
 Small Business Impact Analysis Procedures (P-851/88; A-8407)
 47 Ill. Adm. Code 1
 Standard Grant Administrative Requirements (P-5002)
 47 Ill. Adm. Code 120
 State Administration of the Federal Community Services Block Grant Program (P-8521/88; A-779) (P-1311) (P-4075)
 47 Ill. Adm. Code 100
 State Administration of the Federal Low-Income Home Energy Assistance Block Grant Program (P-1930; A-10827) (P-4358)
 56 Ill. Adm. Code 2610
 Training Services for the Disadvantaged (P-4366) (P-5017)

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- 83 Ill. Adm. Code 325
 Charitable Contributions (PR-18021/88; AR-4648)
 83 Ill. Adm. Code 215
 Designation of Agent (P-18026/88; A-4650)
 83 Ill. Adm. Code 435
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 83 Ill. Adm. Code 281
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 92 Ill. Adm. Code 1205
 Fees & Taxes (P-1665; O-9597; R-11957; A-11460)
 92 Ill. Adm. Code 1206
 Investigation & Suspension of Rates (P-1671; A-11466)
 83 Ill. Adm. Code 440
 Least-Cost Planning for Electric Utilities (P-3162/88; A-296)
 83 Ill. Adm. Code 535
 Least-Cost Planning for Natural Gas Utilities (P-9314/88; A-7331)
 92 Ill. Adm. Code 1730
 Imposition of Sanctions Including the Suspension or Revocation of Licenses &/or the Assessment of Civil Penalties (G.O. 3(R)) (P-9061)
 83 Ill. Adm. Code 590
 Minimum Safety Standards for Transportation of Gas & for Gas Pipeline Facilities (P-9067)
 92 Ill. Adm. Code 1304
 Motor Carrier of Property Fitness Standards (P-13381/89; A-4654)
 92 Ill. Adm. Code 1235
 Practice Before the Independent Review Board (P-17045/88; A-4658)
 92 Ill. Adm. Code 1225
 Publication, Posting & Filing of Tariffs, Contracts, Schedules & Related Documents (P-1676; A-11471)
 92 Ill. Adm. Code 1595
 Rail Carrier Contract Rates (PR-20978/88; AR-7564) (P-20974/88; A-7566)
 92 Ill. Adm. Code 1710
 Relocation Towing (P-10)
 83 Ill. Adm. Code 595
 Reports of Accidents or Incidents by Persons Engaged in the Transportation of Gas, or Who Own or Operate Gas Pipeline Facilities (P-16309/88; A-2036)
 92 Ill. Adm. Code 1435
 Sanctions Including Suspension or Revocation of Operating Authorities &/or the Assessment of Civil Penalties (G.O. 54(MC)) (P-9070)
 83 Ill. Adm. Code 285
 Standard Filing Requirements for Electric, Gas, Telephone, Water & Sewer Utilities in Filing for an Increase in Rates (G.O. 210) (P-5229)
 83 Ill. Adm. Code 505
 Uniform System of Accounts for Gas Utilities (P-1686; A-10858)
 83 Ill. Adm. Code 710
 Uniform System of Accounts for Telecommunications Carriers (P-19563/88; A-7570) (P-9076)

COMMUNITY COLLEGE BOARD, ILLINOIS

- 23 Ill. Adm. Code 1501
 Administration of the Ill. Public Community College Act (P-16313/88; A-1182) (P-3517) (P-4087) (P-4394)

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- 74 Ill. Adm. Code 280
 Public Radio & Television Station Grants (P-19259/88; A-4664) (P-5314)

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- 17 Ill. Adm. Code 870
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89-146	Welcome Home Chuck Marshall Day	5836
89-147	James & Sybil Stockdale Day	5837
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89-149	Bielarusian Independence Day	6835
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89-185	Nurses' Week	7177
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The Sections Affected Index lists, by Title, each Section of a codified Part on which rulemaking activity has occurred in this volume of the Register and is divided into two parts: the first lists the Sections on which rulemaking activity occurred in the previous issues of this volume year; the second lists the Sections on which rulemaking activity occurred in this issue of the Register. (The headings at the top of each page indicate the two parts: the first part shows the previous issue numbers inclusively and the date of the last published issue; the second lists the current issue number and date.) The columns in both parts indicate the type of rulemaking activity and the action taken along with the page number on which the first page of the notice of rulemaking activity appeared. If a Section on which action is being taken in the current volume (calendar year) of the Register was proposed in a previous volume, the last two digits of the previous volume's year appear immediately after the page number separated by a slash. (e.g. 1 Ill. Adm. Code 100.280 was proposed last year and adopted this year. The action entry reads: (P-8577/86; A-724)) The codes for both columns are listed below. For a complete listing of the Titles of the Illinois Administrative Code, please refer to 1 Ill. Adm. Code 100.140 or contact the Administrative Code Division.

TYPE OF RULEMAKING

am = amendment to existing Section
 cc = codification changes
 n = new Section
 r = repeal of existing Section
 rc = recodified
 # = renumbered

ACTION CODES

A = Adopted rule
 C = Correction
 CC = Codification Changes
 E = Emergency rule
 F = Failure to Remedy Objections
 M = Modification
 O = ICAR Objection
 P = Proposed rule
 PF = Prohibited Filing
 PP = Peremptory rule
 R = Refusal to Modify or Withdraw
 RC = ICAR Recommendation
 S = Suspended rule
 W = Withdrawal of Proposed rule

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300.100 n (P-8511/88; A-8407)
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 161.Ap. A re (A-9509)
 700.Ap. D am (A-5066)
 850.15 n (A-1510)
 850.20 am (A-1510)
 850.30 am (A-1510)
 850.110 am (A-1510)
 850.120 am (A-1510)
 850.130 am (A-1510)
 850.205 n (A-1510)
 850.210 am (A-1510)
 850.220 am (A-1510)
 850.230 am (A-1510)
 850.240 am (A-1510)

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TITLE 11 (CONT'D)			TITLE 14 (CONT'D)			TITLE 17 (CONT'D)			TITLE 17 (CONT'D)		
1770.120	n	(P-10298/88; O-3419; R-8116; A-7908)	130.847	n	(E-11017)	230.20	n	(P-4430)	870.10	r	(P-3264; A-10575)
1770.120	r	(P-10331/88; A-7906)	130.860	n	(E-11017)	230.30	n	(P-4430)	870.10	n	(P-3213; A-10503)
1770.130	n	(P-10298/88; O-3419; R-8116; A-7908)	176.11	am	(P-1770/088; A-5197)	230.40	n	(P-4430)	870.15	r	(P-3264; A-10575)
1770.130	r	(P-10331/88; A-7906)	177.10	n	(P-20434/88; A-4937)	230.50	n	(P-4430)	870.20	n	(P-3264; A-10575)
1770.140	n	(P-10298/88; O-3419; R-8116; A-7908)	177.20	n	(P-20434/88; A-4937)	510.10	am	(P-3268; A-10583)	870.20	n	(P-3213; A-10503)
1770.140	r	(P-10331/88; A-7906)	177.30	n	(P-20434/88; A-4937)	530.20	am	(P-4399)	870.30	n	(P-3213; A-10503)
1770.150	n	(P-10298/88; O-3419; R-8116; A-7908)	177.11. A	n	(P-20434/88; A-4937)	530.70	am	(P-4399)	870.30	r	(P-3264; A-10575)
1770.150	r	(P-10331/88; A-7906)	177.11. B	n	(P-20434/88; A-4937)	530.80	am	(P-4399)	870.40	n	(P-3213; A-10503)
1770.160	n	(P-10298/88; O-3419; R-8116; A-7908)	520.700	am	(P-4985)	530.90	am	(P-4399)	870.50	n	(P-3213; A-10503)
1770.160	r	(P-10331/88; A-7906)	520.710	am	(P-4985)	530.100	am	(P-4399)	870.60	n	(P-3213; A-10503)
1770.170	n	(P-10298/88; O-3419; R-8116; A-7908)	520.720	am	(P-4985)	530.105	am	(P-4399)	870.70	n	(P-3213; A-10503)
1770.170	r	(P-10331/88; A-7906)	520.730	am	(P-4985)	530.110	am	(P-4399)	930.45	am	(P-3262; A-10572)
1770.180	n	(P-10298/88; O-3419; R-8116; A-7908)	520.740	am	(P-4985)	530.110	am	(P-4399)	960.10	n	(P-7515)
1770.180	r	(P-10331/88; A-7906)	520.750	n	(P-4985)	570.20	am	(P-2632; A-10589)	960.20	n	(P-7515)
1770.190	n	(P-10298/88; O-3419; R-8116; A-7908)	520.1000	am	(P-4985)	570.30	am	(P-2632; A-10589)	960.30	n	(P-7515)
1770.190	r	(P-10331/88; A-7906)	520.1010	am	(P-4985)	570.40	am	(P-5087/88; A-12034/88; O-3468)	960.40	n	(P-7515)
1770.200	n	(P-10298/88; O-3419; R-8116; A-7908)	520.1020	am	(P-4985)	590.10	am	(P-3221; A-10525)	960.50	n	(P-7515)
1770.200	r	(P-10331/88; A-7906)	520.1030	am	(P-4985)	590.10	am	(P-3221; A-10525)	970.10	n	(P-7515)
1770.210	n	(P-10298/88; O-3419; R-8116; A-7906)	570.30	am	(P-20714/87; A-58)	590.20	am	(P-8189)	970.20	n	(P-7518)
1770.210	r	(P-10331/88; A-7906)	590.10	am	(P-15249/88; A-2028)	590.25	n	(P-8189)	970.30	n	(P-7518)
1770.220	n	(P-10298/88; O-3419; R-8116; A-7908)	590.80	n	(P-15249/88; A-2028)	590.30	am	(P-3221; A-10525)	970.40	n	(P-7518)
1770.220	r	(P-10331/88; A-7906)	590.81	n	(P-15249/88; A-2028)	590.40	am	(P-3221; A-10525)	970.50	n	(P-7518)
1770.230	n	(P-10298/88; O-3419; R-8116; A-7908)	590.90	n	(P-15249/88; A-2028)	590.50	am	(P-3221; A-10525)	1010.25	am	(P-20325/88; A-4179)
1770.230	r	(P-10331/88; A-7906)	590.91	n	(P-15249/88; A-2028)	590.60	am	(P-3221; A-10525)	1010.30	am	(P-20325/88; A-4179)
1770.240	n	(P-10298/88; O-3419; R-8116; A-7908)	590.92	n	(P-15249/88; A-2028)	590.65	am	(P-3221; A-10525)	1010.40	am	(P-20335/88; A-3755)
1770.240	r	(P-10331/88; A-7906)	590.93	n	(P-15249/88; A-2028)	590.65	am	(P-3221; A-10525)</			

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430.30	r	(P-17585/88; A-2049)			
430.30	n	(P-17575/88; A-2040)			
430.40	r	(P-17585/88; A-2049)			
430.40	n	(P-17575/88; A-2040)			
430.50	n	(P-17585/88; A-2049)			
430.50	n	(P-17575/88; A-2040)			
430.60	r	(P-17585/88; A-2049)			
430.60	n	(P-17575/88; A-2040)			
430.70	r	(P-17585/88; A-2049)			
430.70	n	(P-17575/88; A-2040)			
430.80	n	(P-17575/88; A-2040)			

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101.120	n	(P-14822/88; O-8135)
101.241	n	(P-14822/88; O-8135)
101.242	n	(P-14822/88; O-8135)
101.243	n	(P-14822/88; O-8135)
101.245	n	(P-14822/88; O-8135)
161.202	r	(P-16343/88; A-9505)
183.Ap. A	am	(P-7522)
190.Ap. A	am	(P-7561)
201.281	am	(P-5154/88; O-29221/88; R-1624; A-2066)
201.401	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.402	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.403	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.404	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.405	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.405	am	(P-8782)
201.406	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.407	n	(P-5154/88; O-29221/88; R-1624; A-2066)
201.408	n	(P-5154/88; O-29221/88; R-1624; A-2066)
211.101	am	(P-19296/88; W-2537)
211.102	am	(P-19296/88; W-2537)
211.112	am	(P-15294/88; A-10862)
215.104	am	(P-15412/88; A-10893)
215.105	am	(P-15412/88; A-10893)
215.420	am	(P-15412/88; A-10893)
215.430	am	(P-15412/88; A-10893)
215.432	am	(P-15412/88; A-10893)
215.435	am	(P-15412/88; A-10893)

TITLE 35 (CONT'D)		
215,437	am	(P-1541268; A-10893)
215,438	#	(P-1541268; A-10893)
215,438	n	(P-1541268; A-10893)
215,439	#	(P-1541268; A-10893)
215,439	am	(P-1541268; A-10893)
215,Ap.D	am	(P-1541268; A-10893)
230,110	r	(P-9223)
230,140	r	(P-9223)
230,141	r	(P-9223)
230,142	r	(P-9223)
230,150	r	(P-9223)
230,160	r	(P-9223)
230,170	r	(P-9223)
230,180	r	(P-9223)
230,190	r	(P-9223)
230,200	r	(P-9223)
230,210	r	(P-9223)
230,211	r	(P-9223)
230,212	r	(P-9223)
230,220	r	(P-9223)
230,230	r	(P-9223)
230,240	r	(P-9223)
230,241	r	(P-9223)
230,250	r	(P-9223)
230,260	r	(P-9223)
230,270	r	(P-9223)
230,280	r	(P-9223)
230,290	r	(P-9223)
230,300	r	(P-9223)
230,310	r	(P-9223)
230,320	r	(P-9223)
230,330	r	(P-9223)
230,340	r	(P-9223)
230,350	r	(P-9223)
230,360	r	(P-9223)
230,370	r	(P-9223)
230,371	r	(P-9223)
230,380	r	(P-9223)
230,390	r	(P-9223)
230,400	r	(P-9223)
230,410	r	(P-9223)
230,430	r	(P-9223)
230,440	r	(P-9223)
230,470	r	(P-9223)
230,480	r	(P-9223)
230,490	r	(P-9223)
230,500	r	(P-9223)
230,520	r	(P-9223)
230,530	r	(P-9223)
230,540	r	(P-9223)
230,550	r	(P-9223)
230,560	r	(P-9223)
230,570	r	(P-9223)
230,580	r	(P-9223)
230,590	r	(P-9223)
230,600	r	(P-9223)

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TITLE 35 (CONT'D)

263.103	r	(P-16352/88; A-9515)
263.201	r	(P-16352/88; A-9515)
263.202	r	(P-16352/88; A-9515)
263.301	r	(P-16352/88; A-9515)
263.303	r	(P-16352/88; A-9515)
263.304	r	(P-16352/88; A-9515)
263.305	r	(P-16352/88; A-9515)
263.306	r	(P-16352/88; A-9515)
263.307	r	(P-16352/88; A-9515)
263.308	r	(P-16352/88; A-9515)
263.309	r	(P-16352/88; A-9515)
263.401	r	(P-16352/88; A-9515)
263.402	r	(P-16352/88; A-9515)
263.501	r	(P-16352/88; A-9515)
277.101	r	(P-16346/88; A-9513)
277.102	r	(P-16346/88; A-9513)
277.103	r	(P-16346/88; A-9513)
277.201	r	(P-16346/88; A-9513)
277.202	r	(P-16346/88; A-9513)
277.301	r	(P-16346/88; A-9513)
277.302	r	(P-16346/88; A-9513)
277.401	r	(P-16346/88; A-9513)
277.402	r	(P-16346/88; A-9513)
283.101	r	(P-16365/88; A-9501)
283.102	r	(P-16365/88; A-9501)
283.103	r	(P-16365/88; A-9501)
283.201	r	(P-16365/88; A-9501)
283.202	r	(P-16365/88; A-9501)
283.203	r	(P-16365/88; A-9501)
283.204	r	(P-16365/88; A-9501)
283.301	r	(P-16365/88; A-9501)
283.302	r	(P-16365/88; A-9501)
283.303	r	(P-16365/88; A-9501)
283.401	r	(P-16365/88; A-9501)
283.402	r	(P-16365/88; A-9501)
283.403	r	(P-16365/88; A-9501)
283.404	r	(P-16365/88; A-9501)
283.405	r	(P-16365/88; A-9501)
283.501	r	(P-16365/88; A-9501)
283.502	r	(P-16365/88; A-9501)
283.503	r	(P-16365/88; A-9501)
283.504	r	(P-16365/88; A-9501)
283.505	r	(P-16365/88; A-9501)
283.506	r	(P-16365/88; A-9501)
283.601	r	(P-16365/88; A-9501)
283.602	r	(P-16365/88; A-9501)
283.603	r	(P-16365/88; A-9501)
283.604	r	(P-16365/88; A-9501)
283.605	r	(P-16365/88; A-9501)
283.606	r	(P-16365/88; A-9501)
283.701	r	(P-16365/88; A-9501)
283.702	r	(P-16365/88; A-9501)
283.703	r	(P-16365/88; A-9501)
283.704	r	(P-16365/88; A-9501)
283.101	r	(P-16365/88; A-9517)
283.102	r	(P-16365/88; A-9517)

TITLE 35 (CONT'D)

310.221	am	(P-9426)
310.222	am	(P-9426)
310.230	am	(P-9426)
310.232	am	(P-9426)
310.233	am	(P-9426)
310.302	am	(P-9426)
310.510	am	(P-9426)
310.522	am	(P-9426)
310.531	am	(P-9426)
310.542	am	(P-9426)
310.602	am	(P-9426)
310.604	am	(P-9426)
310.605	am	(P-9426)
310.606	am	(P-9426)
310.610	am	(P-9426)
310.611	n	(P-9426)
310.612	n	(P-9426)
310.613	n	(P-9426)
310.621	am	(P-9426)
310.631	am	(P-9426)
310.632	am	(P-9426)
310.633	am	(P-9426)
310.634	am	(P-9426)
310.801	am	(P-9426)
310.903	am	(P-9426)
310.910	am	(P-9426)
310.912	am	(P-9426)
310.913	am	(P-9426)
310.920	am	(P-9426)
310.921	am	(P-9426)
310.922	n	(P-9426)
365.101	n	(P-1803/88; A-7351)
365.102	n	(P-1803/88; A-7351)
365.103	n	(P-1803/88; A-7351)
365.104	n	(P-1803/88; A-7351)
365.201	n	(P-1803/88; A-7351)
365.202	n	(P-1803/88; A-7351)
365.203	n	(P-1803/88; A-7351)
365.204	n	(P-1803/88; A-7351)
365.301	n	(P-1803/88; A-7351)
365.302	n	(P-1803/88; A-7351)
365.303	n	(P-1803/88; A-7351)
365.304	n	(P-1803/88; A-7351)
365.401	n	(P-1803/88; A-7351)
365.402	n	(P-1803/88; A-7351)
365.403	n	(P-1803/88; A-7351)
365.404	n	(P-1803/88; A-7351)
365.405	n	(P-1803/88; A-7351)
365.406	n	(P-1803/88; A-7351)
365.501	n	(P-1803/88; A-7351)
365.502	n	(P-1803/88; A-7351)
365.503	n	(P-1803/88; A-7351)
365.504	n	(P-1803/88; A-7351)
365.505	n	(P-1803/88; A-7351)
365.506	n	(P-1803/88; A-7351)
365.601	n	(P-1803/88; A-7351)

TITLE 35 (CONT'D)			TITLE 35 (CONT'D)			TITLE 35 (CONT'D)			TITLE 35 (CONT'D)		
702.186	am	(P-9835)	724.293	am	(P-9909)	731.133	n	(P-2650; A-9519)	858.205	re	(A-5945)
702.187	am	(P-9835)	724.296	am	(P-9909)	731.134	n	(P-2650; A-9519)	858.207	re	(A-5945)
703.123	am	(P-15444/88; A-447)	724.700	n	(P-9909)	731.140	n	(P-2650; A-9519)	858.208	re	(A-5945)
703.183	am	(P-9860)	724.701	n	(P-9909)	731.141	n	(P-2650; A-9519)	858.304	re	(A-5945)
703.184	am	(P-9860)	724.702	n	(P-9909)	731.142	n	(P-2650; A-9519)	858.305	re	(A-5945)
703.209	n	(P-9860)	724.703	n	(P-9909)	731.143	n	(P-2650; A-9519)	858.306	re	(A-5945)
703.222	am	(P-9860)	724.703	n	(P-9909)	731.144	n	(P-2650; A-9519)	858.308	re	(A-5945)
703.223	am	(P-9860)	725.101	am	(P-15455/88; A-458)	731.145	n	(P-2650; A-9519)	858.309	re	(A-5945)
703.230	am	(P-9860)	725.113	am	(P-15402/88; A-437)	731.150	n	(P-2650; A-9519)	858.310	re	(A-5945)
703.247	am	(P-9860)	725.173	am	(P-9737)	731.151	n	(P-2650; A-9519)			
703.260	n	(P-9860)	725.212	am	(P-9737)	731.152	n	(P-2650; A-9519)			
703.270	n	(P-9860)	725.214	am	(P-9737)	731.153	n	(P-2650; A-9519)			
703.271	n	(P-9860)	725.218	am	(P-9737)	731.160	n	(P-2650; A-9519)			
703.272	n	(P-9860)	725.241	am	(P-9737)	731.161	n	(P-2650; A-9519)			
703.273	n	(P-9860)	725.290	am	(P-9737)	731.162	n	(P-2650; A-9519)			
703.280	n	(P-9860)	725.290	am	(P-9737)	731.163	n	(P-2650; A-9519)			
703.281	n	(P-9860)	725.292	am	(P-9737)	731.164	n	(P-2650; A-9519)			
703.282	n	(P-9860)	725.296	am	(P-9737)	731.165	n	(P-2650; A-9519)			
703.283	n	(P-9860)	725.301	am	(P-9737)	731.166	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.167	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.170	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.171	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.172	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.173	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.174	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.175	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.176	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.177	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.178	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.179	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.180	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.181	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.182	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.183	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.184	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.185	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.186	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.187	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.188	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.189	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.190	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.191	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.192	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.193	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.194	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.195	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.196	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.197	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.198	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.199	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.200	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.201	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.202	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.203	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.204	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.205	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.206	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.207	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.208	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.209	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.210	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.211	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.212	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.213	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.214	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.215	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.216	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.217	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.218	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.219	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.220	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.221	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.222	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.223	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.224	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.225	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.226	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.227	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.228	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.229	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.230	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.231	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.232	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.233	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.234	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.235	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.236	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.237	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.238	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.239	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.240	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.241	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.242	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.243	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.244	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.245	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.246	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.247	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.248	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.249	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.250	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.251	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.252	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.253	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.254	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.255	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.256	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.257	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.258	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.259	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.260	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726.120	am	(P-9988)	731.261	n	(P-2650; A-9519)			
703.283	n	(P-9860)	726								

TITLE 38 (CONT'D)		TITLE 44 (CONT'D)	
400.2710	n (P-1985; A-8927)	525.20	am (P-2709)
TITLE 41		525.50	n (P-2709)
100.110	n (E-582) (P-1323)	525.60	n (P-2709)
170.10	am (P-1756) (E-1886)	525.70	am (P-2709)
170.71	n (P-1756) (E-1886)	525.100	am (P-2709)
170.72	n (P-1756) (E-1886)	525.110	am (P-2709)
170.73	n (P-1756) (E-1886)	525.200	# (P-2709)
170.75	am (P-1756) (E-1886)	525.300	am (P-2709)
170.75	# (A-5669)	525.310	r (P-2709)
170.106	n (P-1756) (E-1886)	525.320	am (P-2709)
170.107	n (P-1756) (E-1886)	525.330	am (P-2709)
170.108	n (P-1756) (E-1886)	525.340	am (P-2709)
170.400	n (A-5669)	525.350	am (P-2709)
170.410	n (A-5669)	525.400	am (P-2709)
170.420	n (A-5669)	525.410	am (P-2709)
170.430	n (A-5669)	525.500	am (P-2709)
170.440	n (A-5669)	525.510	am (P-2709)
170.450	n (A-5669)	525.520	am (P-2709)
170.460	n (A-5669)	525.530	am (P-2709)
170.470	n (A-5669)	525.540	n (P-2709)
170.480	n (A-5669)	525.600	am (P-2709)
170.490	n (A-5669)	525.610	am (P-2709)
170.500	n (A-5669)	525.620	am (P-2709)
170.510	n (A-5669)	525.630	am (P-2709)
170.520	n (A-5669)	525.640	am (P-2709)
170.530	n (A-5669)	525.650	am (P-2709)
170.530	am (A-7744)	525.660	am (P-2709)
170.540	n (A-5669)	525.670	am (P-2709)
170.550	n (A-5669)	525.700	am (P-2709)
170.560	n (A-5669)	525.710	am (P-2709)
170.570	n (A-5669)	525.720	am (P-2709)
170.580	n (A-5669)	526.10	n (P-2746)
170.590	n (A-5669)	526.20	n (P-2746)
170.600	n (A-5669)	526.30	n (P-2746)
170.610	n (A-5669)	526.40	n (P-2746)
170.620	n (A-5669)	526.50	n (P-2746)
170.630	n (A-5669)	526.60	n (P-2746)
170.640	n (A-5669)	526.70	n (P-2746)
170.650	n (A-5669)	530.5	r (P-2648)
170.660	n (A-5669)	530.10	am (P-2648)
170.670	# (A-5669)	530.20	am (P-2648)
170.670	am (A-5669)	530.50	n (P-2648)
170.700	am (A-8515)	530.60	n (P-2648)
170.700	n (A-5669)	530.70	# (P-2648)
170.700	n (A-5669)	530.70	am (P-2648)
170.700	n (A-5669)	530.100	am (P-2648)
170.700	am (E-1875; O-5807)	530.110	am (P-2648)
170.700	am (P-1754) (E-1875)	530.200	# (P-2648)
170.700	am (E-1875; O-5807)	530.300	am (P-2648)
170.700	am (P-1754) (E-1875)	530.310	r (P-2648)
170.700	n (E-1875; O-5807)	530.320	am (P-2648)
170.700	n (P-1754) (E-1875)	530.330	am (P-2648)
170.700	n (P-2709)	530.340	am (P-2648)
170.700	am (P-2709)	530.350	am (P-2648)
170.700	am (P-2709)	530.400	am (P-2648)

TITLE 44 (CONT'D)		TITLE 47	
530.410	am (P-2648)	1.35	n (P-5002)
530.500	am (P-2648)	1.60	am (P-5002)
530.510	am (P-2648)	1.70	am (P-5002)
530.520	am (P-2648)	1.85	n (P-5002)
530.530	am (P-2648)	1.100	am (P-5002)
530.540	n (P-2648)	1.105	n (P-5002)
530.600	am (P-2648)	1.110	am (P-5002)
530.610	am (P-2648)	1.130	am (P-5002)
530.620	am (P-2648)	1.160	n (P-5002)
530.630	am (P-2648)	1.170	n (P-5002)
530.640	am (P-2648)	1.175	n (P-5002)
530.650	am (P-2648)	1.180	n (P-5002)
530.660	am (P-2648)	1.185	n (P-5002)
530.670	am (P-2648)	1.190	n (P-5002)
530.700	am (P-2648)	1.195	n (P-5002)
530.710	am (P-2648)	100.70	am (P-1930; A-10827)
530.720	am (P-2648)	100.85	am (P-1930; A-10827)
535.5	r (P-2766)	TITLE 47	
535.10	am (P-2766)	1.35	n (P-5002)
535.20	am (P-2766)	1.60	am (P-5002)
535.30	n (P-2766)	1.70	am (P-5002)
535.60	# (P-2766)	1.85	n (P-5002)
535.70	am (P-2766)	1.100	am (P-5002)
535.100	am (P-2766)	1.105	n (P-5002)
535.110	am (P-2766)	1.110	am (P-5002)
535.200	am (P-2766)	1.130	am (P-5002)
535.300	am (P-2766)	1.160	n (P-5002)
535.310	r (P-2766)	1.170	n (P-5002)
535.320	am (P-2766)	1.175	n (P-5002)
535.330	am (P-2766)	1.180	n (P-5002)
535.340	am (P-2766)	1.185	n (P-5002)
535.350	am (P-2766)	1.190	n (P-5002)
535.400	am (P-2766)	1.195	n (P-5002)
535.410	am (P-2766)	100.70	am (P-1930; A-10827)
535.500	am (P-2766)	100.85	am (P-1930; A-10827)
535.510	am (P-2766)	TITLE 47	
535.520	am (P-2766)	1.35	n (P-5002)
535.530	am (P-2766)	1.60	am (P-5002)
535.540	n (P-2766)	1.70	am (P-5002)
535.600	am (P-2766)	1.85	n (P-5002)
535.610	am (P-2766)	1.100	am (P-5002)
535.620	am (P-2766)	1.105	n (P-5002)
535.630	am (P-2766)	1.110	am (P-5002)
535.640	am (P-2766)	1.130	am (P-5002)
535.650	am (P-2766)	1.160	n (P-5002)
535.660	am (P-2766)	1.170	n (P-5002)
535.670	am (P-2766)	1.175	n (P-5002)
535.700	am (P-2766)	1.180	n (P-5002)
535.710	am (P-2766)	1.185	n (P-5002)
535.720	am (P-2766)	1.190	n (P-5002)
535.730	am (P-2766)	1.195	n (P-5002)
535.740	am (P-2766)	100.70	am (P-1930; A-10827)
535.750	am (P-2766)	100.85	am (P-1930; A-10827)

TITLE 47 (CONT'D)			TITLE 50 (CONT'D)		
100.90	am	(P-1930; A-10827)	2008.40	am	(P-251; A-8520; E-586; O-3471)
100.110	am	(P-1930; A-10827) (P-4358)	2008.50	am	(P-251; A-8520; E-586; O-3471)
100.120	am	(P-1930; A-10827)	2008.60	am	(P-251; A-8520; E-586)
120.80	am	(P-1311)	2008.70	am	(P-251; A-8520; E-586; O-3471)
120.100	am	(P-1311)	2008.71	n	(P-251; A-8520; E-586)
120.110	am	(P-8521/88; A-779)	2008.80	am	(P-251; A-8520; E-586; O-3471)
120.115	n	(P-8521/88; A-779)	2008.81	n	(P-251; A-8520; E-586)
120.115	am	(P-4075)	2008.82	n	(P-251; A-8520; E-586)
160.80	am	(P-9271/88; A-2024)	2008.90	am	(P-251; A-8520; E-586; O-3471)
350.202	am	(P-15265/88; A-5947)	2008.90	am	(P-251; A-8520; E-586; O-3471)
360.103	n	(P-19603/88; O-8131)	2008.90	am	(P-251; A-8520; E-586; O-3471)
360.104	n	(P-19603/88; O-8131)	2008.90	am	(P-251; A-8520; E-586; O-3471)
360.302	n	(P-19603/88; O-8131)	2008.90	am	(P-251; A-8520; E-586; O-3471)
360.305	n	(P-19603/88; O-8131)	2008.90	am	(P-251; A-8520; E-586; O-3471)
360.306	n	(P-19603/88; O-8131)	2008.90	am	(P-251; A-8520; E-586; O-3471)
360.309	n	(P-19603/88; O-8131)	2008.90	am	(P-251; A-8520; E-586; O-3471)
TITLE 50			TITLE 56 (CONT'D)		
201.20	am	(P-2909)	350.340	n	(P-15272/88; W-6819) (P-5839)
201.30	am	(P-2909)	350.350	n	(P-15272/88; W-6819) (P-5839)
201.50	am	(P-2909)	350.360	n	(P-15272/88; W-6819) (P-5839)
201.60	am	(P-2909)	350.370	n	(P-15272/88; W-6819) (P-5839)
301.30	am	(P-2901)	350.380	n	(P-15272/88; W-6819) (P-5839)
301.60	am	(P-2901)	350.400	n	(P-15272/88; W-6819) (P-5839)
301.70	am	(P-2901)	350.410	n	(P-15272/88; W-6819) (P-5839)
401.30	am	(P-2905)	350.420	n	(P-15272/88; W-6819) (P-5839)
401.60	am	(P-2905)	350.430	n	(P-15272/88; W-6819) (P-5839)
401.70	am	(P-2905)	350.440	n	(P-15272/88; W-6819) (P-5839)
601.10	n	(P-11985/88; A-2051)	350.450	am	(P-15272/88; W-6819) (P-5839)
601.20	n	(P-11985/88; A-2051)	2090.105	am	(P-17)
601.30	n	(P-11985/88; A-2051)	2600.20	am	(P-3515) (E-4028) (P-4331)
601.40	n	(P-11985/88; A-2051)	2600.30	am	(P-3515) (E-4028)
601.50	n	(P-11985/88; A-2051)	2610.60	am	(P-3515) (E-4028)
601.60	n	(P-11985/88; A-2051)	2610.100	am	(P-3515) (E-4028)
601.70	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.80	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.90	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.100	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.110	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.120	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.130	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
601.140	n	(P-11985/88; A-2051)	2610.130	am	(P-3515) (E-4028)
754.Ex. B	am	(P-2057/88; A-1542)	2610.130	am	(P-3515) (E-4028)
919.10	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.20	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.30	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.40	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.50	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.60	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.70	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.80	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.90	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
919.90	am	(P-13535/88; C-17456/88; A-1204)	2610.130	am	(P-3515) (E-4028)
2008.10	am	(P-251; A-8520) (E-586; O-3471)	2610.130	am	(P-3515) (E-4028)
2008.20	am	(P-251; A-8520) (E-586; O-3471)	2610.130	am	(P-3515) (E-4028)
2008.30	am	(P-251; A-8520) (E-586; O-3471)	2610.130	am	(P-3515) (E-4028)

TITLE 68 (CONT'D)			TITLE 68 (CONT'D)			TITLE 68 (CONT'D)			TITLE 68 (CONT'D)		
750.3040	n	(P-6949)	1280.60	r	(P-8536/88; A-513)	1290.100	r	(P-15854/88; A-10923)	1465.10	n	(P-1388) (E-1616)
750.3050	r	(P-6934)	1280.70	r	(P-8536/88; A-513)	1290.110	r	(P-15854/88; A-10923)	1465.20	n	(P-1388) (E-1616)
750.3050	n	(P-6949)	1280.80	r	(P-8536/88; A-513)	1290.120	r	(P-15854/88; A-10923)	1465.30	n	(P-1388) (E-1616)
750.3060	r	(P-6934)	1280.85	r	(P-8536/88; A-513)	1290.130	r	(P-15854/88; A-10923)	1465.40	n	(P-1388) (E-1616)
750.3060	n	(P-6949)	1280.105	r	(P-8536/88; A-513)	1290.135	r	(P-15854/88; A-10923)	1465.50	n	(P-1388) (E-1616)
750.3070	n	(P-6949)	1280.107	r	(P-8536/88; A-513)	1290.140	r	(P-15854/88; A-10923)	1465.60	n	(P-1388) (E-1616)
750.4000	r	(P-6934)	1280.110	r	(P-8536/88; A-513)	1290.150	r	(P-15854/88; A-10923)	1465.70	n	(P-1388) (E-1616)
750.4010	r	(P-6934)	1285.20	am	(P-274; O-9594; R-10712; E-651; O-3475)	1290.160	r	(P-15854/88; A-10923)	1465.90	n	(P-1388) (E-1616)
750.4020	r	(P-6934)	1285.20	n	(P-8571/88; A-483)	1290.170	r	(P-15854/88; A-10923)	1470.5	n	(P-5426) (E-5771)
750.4030	r	(P-6934)	1285.30	n	(P-8571/88; A-483)	1290.180	r	(P-15854/88; A-10923)	1470.7	n	(P-5426) (E-5771)
750.4040	r	(P-6934)	1285.40	n	(P-8571/88; A-483)	1290.190	r	(P-15854/88; A-10923)	1470.10	r	(P-5426)
750.4050	r	(P-6934)	1285.50	am	(P-274; A-10613) (E-651)	1320.20	am	(P-8606/88; A-6994)	1470.10	n	(P-5426)
750.4060	r	(P-6934)	1285.50	am	(P-274; A-10613) (E-651)	1320.30	am	(P-8606/88; A-6994)	1470.10	n	(P-5426)
750.4070	r	(P-6934)	1285.60	n	(P-8571/88; A-483)	1320.40	am	(P-8606/88; A-6994)	1470.20	r	(P-5426)
750.4080	r	(P-6934)	1285.60	n	(P-8571/88; A-483)	1320.50	am	(P-8606/88; A-6994)	1470.20	n	(P-5426)
750.5000	r	(P-6934)	1285.70	am	(P-274; A-10613) (E-651)	1320.55	am	(P-8606/88; A-6994)	1470.20	am	(P-5426)
1175.425	am	(E-6810) (P-7185)	1285.70	am	(P-8571/88; A-483)	1320.60	am	(P-8606/88; A-6994)	1470.30	am	(P-5426)
1175.600	am	(E-6810) (P-7185)	1285.80	n	(P-8571/88; A-483)	1320.70	am	(P-8606/88; A-6994)	1470.40	r	(P-5426)
1220.110	am	(P-5867/88; A-4191)	1285.90	am	(P-274; A-10613) (E-651)	1320.80	am	(P-8606/88; A-6994)	1470.50	r	(P-5426)
1220.120	am	(P-5867/88; A-4191)	1285.95	n	(P-274; O-9594; A-10613) (E-651)	1320.90	am	(P-8606/88; A-6994)	1470.60	r	(P-5426)
1220.130	am	(P-5867/88; A-4191)	1285.95	n	(P-8571/88; A-483)	1320.95	n	(P-8606/88; A-6994)	1470.60	n	(P-5426)
1220.140	am	(P-5398)	1285.100	n	(P-8571/88; A-483)	1320.100	am	(P-8606/88; A-6994)	1470.70	am	(P-5426)
1220.150	r	(P-5867/88; A-4191)	1285.110	n	(P-8571/88; A-483)	1320.110	am	(P-8606/88; A-6994)	1470.70	am	(P-5426)
1220.160	r	(P-5867/88; A-4191)	1285.120	n	(P-8571/88; A-483)	1320.250	am	(P-8606/88; A-6994)	1470.80	am	(P-5426)
1220.220	am	(P-5867/88; A-4191)	1285.130	n	(P-8571/88; A-483)	1320.310	n	(P-8606/88; A-6994)	1470.90	am	(P-5426)
1220.231	am	(P-5867/88; A-4191)	1285.140	n	(P-8571/88; A-483)	1360.10	r	(P-14963/88; A-4234)	1470.100	am	(P-5426)

TITLE 71 (CONT'D)		
1510.330	n	(P-14813/88; O-3442; R-5210; A-5098)
1510.340	n	(P-14813/88; O-3442; R-5210; A-5098)
1510.350	n	(P-14813/88; O-3442; R-5210; A-5098)
1510.Ap. A	n	(P-14813/88; O-3442; R-5210; A-5098)
1510.Ap. B	n	(P-14813/88; O-3442; R-5210; A-5098)
TITLE 74		
280.10	am	(P-19259/88; A-4664)
280.20	am	(P-5314)
280.30	am	(P-19259/88; A-4664)
280.Ap. A	n	(P-19259/88; A-4664)
280.Ap. B	n	(P-19259/88; A-4664)
TITLE 77		
200.100	r	(P-17673/88; A-4681)
200.101	r	(P-17673/88; A-4681)
200.150	r	(P-17673/88; A-4681)
200.201	r	(P-17673/88; A-4681)
200.202	r	(P-17673/88; A-4681)
200.203	r	(P-17673/88; A-4681)
200.204	r	(P-17673/88; A-4681)
200.205	r	(P-17673/88; A-4681)
200.206	r	(P-17673/88; A-4681)
200.207	r	(P-17673/88; A-4681)
200.208	r	(P-17673/88; A-4681)
200.209	r	(P-17673/88; A-4681)
200.210	r	(P-17673/88; A-4681)
200.301	r	(P-17673/88; A-4681)
200.302	r	(P-17673/88; A-4681)
200.303	r	(P-17673/88; A-4681)
200.401	r	(P-17673/88; A-4681)
200.402	r	(P-17673/88; A-4681)
200.403	r	(P-17673/88; A-4681)
200.404	r	(P-17673/88; A-4681)
200.405	r	(P-17673/88; A-4681)
200.406	r	(P-17673/88; A-4681)
200.501	r	(P-17673/88; A-4681)
200.502	r	(P-17673/88; A-4681)
200.503	r	(P-17673/88; A-4681)
200.504	r	(P-17673/88; A-4681)
200.601	r	(P-17673/88; A-4681)
200.602	r	(P-17673/88; A-4681)
200.603	r	(P-17673/88; A-4681)
200.604	r	(P-17673/88; A-4681)
200.605	r	(P-17673/88; A-4681)
200.701	r	(P-17673/88; A-4681)
200.702	r	(P-17673/88; A-4681)
200.703	r	(P-17673/88; A-4681)
200.704	r	(P-17673/88; A-4681)
200.705	r	(P-17673/88; A-4681)
200.706	r	(P-17673/88; A-4681)

TITLE	77	CONT'D
200.707	r	(f)
200.708	r	(f)
200.801	r	(f)
200.802	r	(f)
200.803	r	(f)
200.804	r	(f)
200.805	r	(f)
200.806	r	(f)
200.807	r	(f)
200.808	r	(f)
200.809	r	(f)
200.810	r	(f)
200.811	r	(f)
200.812	r	(f)
200.813	r	(f)
200.814	r	(f)
200.815	r	(f)
200.816	r	(f)
200.817	r	(f)
200.818	r	(f)
200.819	r	(f)
200.820	r	(f)
200.821	r	(f)
200.822	r	(f)
200.823	r	(f)
200.824	r	(f)
200.825	r	(f)
200.826	r	(f)
200.901	r	(f)
200.902	r	(f)
200.903	r	(f)
200.904	r	(f)
200.905	r	(f)
200.906	r	(f)
200.907	r	(f)
200.908	r	(f)
200.909	r	(f)
200.910	r	(f)
200.911	r	(f)
200.912	r	(f)
200.913	r	(f)
200.914	r	(f)
200.915	r	(f)
200.916	r	(f)
200.917	r	(f)
200.918	r	(f)
200.919	r	(f)
200.920	r	(f)
200.921	r	(f)
200.922	r	(f)
200.923	r	(f)
200.924	r	(f)
200.925	r	(f)
200.926	r	(f)
200.927	r	(f)
200.928	r	(f)

TITLE 27 (CONT'D)		
200.929	r	(P-17673/88; A-4681)
200.930	r	(P-17673/88; A-4681)
200.931	r	(P-17673/88; A-4681)
200.932	r	(P-17673/88; A-4681)
200.933	r	(P-17673/88; A-4681)
200.1001	r	(P-17673/88; A-4681)
200.1002	r	(P-17673/88; A-4681)
200.1003	r	(P-17673/88; A-4681)
200.1004	r	(P-17673/88; A-4681)
200.1005	r	(P-17673/88; A-4681)
200.1006	r	(P-17673/88; A-4681)
200.1007	r	(P-17673/88; A-4681)
200.1008	r	(P-17673/88; A-4681)
240.20	am	(P-10028)
245.30	am	(P-10007)
245.50	am	(P-10007)
245.20	am	(P-10007)
250.150	am	(P-7875)
250.315	n	(P-7875)
250.330	am	(P-7875)
250.2140	am	(P-7875)
300.110	am	(P-21333/88; A-4684)
300.120	am	(P-21333/88; A-4684)
300.130	am	(P-21333/88; A-4684)
300.140	am	(P-21333/88; A-4684)
300.150	am	(P-21333/88; A-4684)
300.160	am	(P-21333/88; A-4684)
300.165	am	(P-21333/88; A-4684)
300.170	am	(P-21333/88; A-4684)
300.175	am	(P-21333/88; A-4684)
300.180	am	(P-21333/88; A-4684)
300.190	am	(P-21333/88; A-4684)
300.200	am	(P-21333/88; A-4684)
300.210	am	(P-21333/88; A-4684)
300.220	am	(P-21333/88; A-4684)
300.230	am	(P-21333/88; A-4684)
300.240	am	(P-21333/88; A-4684)
300.250	am	(P-21333/88; A-4684)
300.260	am	(P-21333/88; A-4684)
300.270	am	(P-21333/88; A-4684)
300.275	am	(P-21333/88; A-4684)
300.277	am	(P-21333/88; A-4684)
300.278	n	(P-21333/88; A-4684)
300.280	am	(P-21333/88; A-4684)
300.282	am	(P-21333/88; A-4684)
300.284	am	(P-21333/88; A-4684)
300.286	am	(P-21333/88; A-4684)
300.288	am	(P-21333/88; A-4684)
300.290	am	(P-21333/88; A-4684)
300.300	am	(P-21333/88; A-4684)
300.310	am	(P-21333/88; A-4684)
300.320	am	(P-21333/88; A-4684)
300.330	am	(P-21333/88; A-4684)
300.340	am	(P-21333/88; A-4684)

TITLE 27 (CONTD)		
300.510	am	(P-21333/88; A-4684)
300.610	am	(P-21333/88; A-4684)
300.620	am	(P-21333/88; A-4684)
		(P-13581/88; A-5134)
300.630	am	(P-21333/88; A-4684)
300.640	am	(P-21333/88; A-4684)
300.650	am	(P-21333/88; A-4684)
300.655	am	(P-21333/88; A-4684)
300.655	n	(P-21333/88; A-4684)
300.660	r	(P-8347)
300.660	n	(P-8347)
300.665	n	(P-8347)
300.670	am	(P-21333/88; A-4684)
300.680	am	(P-21333/88; A-4684)
300.690	am	(P-21333/88; A-4684)
300.810	am	(P-21333/88; A-4684)
300.820	am	(P-21333/88; A-4684)
300.830	am	(P-21333/88; A-4684)
300.840	am	(P-21333/88; A-4684)
300.1010	am	(P-21333/88; A-4684)
300.1020	n	(P-13581/88; A-5134)
300.1025	n	(P-21333/88; A-4684)
300.1030	am	(P-13581/88; A-5134)
300.1040	am	(P-21333/88; A-4684)
300.1050	am	(P-21333/88; A-4684)
300.1210	am	(P-21333/88; A-4684)
300.1220	am	(P-21333/88; A-4684)
300.1230	am	(P-21333/88; A-4684)
300.1240	am	(P-21333/88; A-4684)
300.1410	am	(P-21333/88; A-4684)
300.1420	am	(P-21333/88; A-4684)
300.1430	am	(P-21333/88; A-4684)
300.1610	am	(P-21333/88; A-4684)
300.1620	am	(P-21333/88; A-4684)
300.1630	am	(P-21333/88; A-4684)
300.1640	am	(P-21333/88; A-4684)
300.1650	am	(P-21333/88; A-4684)
300.1810	am	(P-21333/88; A-4684)
300.1820	am	(P-21333/88; A-4684)
300.1830	am	(P-21333/88; A-4684)
300.1840	am	(P-21333/88; A-4684)
300.1850	am	(P-21333/88; A-4684)
300.1860	am	(P-21333/88; A-4684)
300.1870	am	(P-21333/88; A-4684)
300.1880	am	(P-21333/88; A-4684)
300.2010	am	(P-21333/88; A-4684)
300.2020	am	(P-21333/88; A-4684)
300.2030	am	(P-21333/88; A-4684)
300.2040	am	(P-21333/88; A-4684)
300.2050	am	(P-21333/88; A-4684)
300.2060	am	(P-21333/88; A-4684)
300.2070	am	(P-21333/88; A-4684)
300.2080	am	(P-21333/88; A-4684)
300.2090	am	(P-21333/88; A-4684)
300.2100	am	(P-21333/88; A-4684)
300.2110	am	(P-21333/88; A-4684)
300.2210	am	(P-21333/88; A-4684)

TITLE 77 (CONT'D)

380.670	n	(P-987; W-8123)
380.680	n	(P-987; W-8123)
380.690	n	(P-987; W-8123)
380.700	n	(P-987; W-8123)
380.710	n	(P-987; W-8123)
380.720	n	(P-987; W-8123)
380.730	n	(P-987; W-8123)
380.740	n	(P-987; W-8123)
380.750	n	(P-987; W-8123)
380.760	n	(P-987; W-8123)
380.770	n	(P-987; W-8123)
380.780	n	(P-987; W-8123)
380.790	n	(P-987; W-8123)
380.800	n	(P-987; W-8123)
380.810	n	(P-987; W-8123)
380.820	n	(P-987; W-8123)
380.830	n	(P-987; W-8123)
380.840	n	(P-987; W-8123)
380.850	n	(P-987; W-8123)
380.860	n	(P-987; W-8123)
380.870	n	(P-987; W-8123)
380.880	n	(P-987; W-8123)
380.890	n	(P-987; W-8123)
380.900	n	(P-987; W-8123)
380.910	n	(P-987; W-8123)
390.110	am	(P-21064/88; A-6301)
390.120	am	(P-21064/88; A-6301)
390.130	am	(P-21064/88; A-6301)
390.140	am	(P-21064/88; A-6301)
390.150	am	(P-21064/88; A-6301)
390.160	am	(P-21064/88; A-6301)
390.170	am	(P-21064/88; A-6301)
390.175	am	(P-21064/88; A-6301)
390.180	am	(P-21064/88; A-6301)
390.190	am	(P-21064/88; A-6301)
390.200	am	(P-21064/88; A-6301)
390.210	am	(P-21064/88; A-6301)
390.220	am	(P-21064/88; A-6301)
390.230	am	(P-21064/88; A-6301)
390.240	am	(P-21064/88; A-6301)
390.250	am	(P-21064/88; A-6301)
390.260	am	(P-21064/88; A-6301)
390.270	am	(P-21064/88; A-6301)
390.272	am	(P-21064/88; A-6301)
390.274	am	(P-21064/88; A-6301)
390.276	am	(P-21064/88; A-6301)
390.277	n	(P-21064/88; A-6301)
390.278	am	(P-21064/88; A-6301)
390.280	am	(P-21064/88; A-6301)
390.282	am	(P-21064/88; A-6301)
390.284	am	(P-21064/88; A-6301)
390.286	am	(P-21064/88; A-6301)
390.288	am	(P-21064/88; A-6301)
390.290	am	(P-21064/88; A-6301)
390.300	am	(P-21064/88; A-6301)
390.310	am	(P-21064/88; A-6301)

TITLE 77 (CONT'D)

390.1870	am	(P-21064/88; A-6301)
390.1880	am	(P-21064/88; A-6301)
390.1890	am	(P-21064/88; A-6301)
390.1900	am	(P-21064/88; A-6301)
390.1910	am	(P-21064/88; A-6301)
390.1920	am	(P-21064/88; A-6301)
390.2010	am	(P-21064/88; A-6301)
390.2020	am	(P-21064/88; A-6301)
390.2030	am	(P-21064/88; A-6301)
390.2210	am	(P-21064/88; A-6301)
390.2220	am	(P-21064/88; A-6301)
390.2230	am	(P-21064/88; A-6301)
390.2410	am	(P-21064/88; A-6301)
390.2420	am	(P-21064/88; A-6301)
390.2430	am	(P-21064/88; A-6301)
390.2440	am	(P-21064/88; A-6301)
390.2610	am	(P-21064/88; A-6301)
390.2620	am	(P-21064/88; A-6301)
390.2630	am	(P-21064/88; A-6301)
390.2640	am	(P-21064/88; A-6301)
390.2650	am	(P-21064/88; A-6301)
390.2660	am	(P-21064/88; A-6301)
390.2670	am	(P-21064/88; A-6301)
390.2680	am	(P-21064/88; A-6301)
390.2690	am	(P-21064/88; A-6301)
390.2700	am	(P-21064/88; A-6301)
390.2710	am	(P-21064/88; A-6301)
390.2720	am	(P-21064/88; A-6301)
390.2730	am	(P-21064/88; A-6301)
390.2740	am	(P-21064/88; A-6301)
390.2910	am	(P-21064/88; A-6301)
390.2920	am	(P-21064/88; A-6301)
390.2930	am	(P-21064/88; A-6301)
390.2940	am	(P-21064/88; A-6301)
390.2950	am	(P-21064/88; A-6301)
390.2960	am	(P-21064/88; A-6301)
390.2970	am	(P-21064/88; A-6301)
390.2980	am	(P-21064/88; A-6301)
390.2990	am	(P-21064/88; A-6301)
390.3000	am	(P-21064/88; A-6301)
390.3010	am	(P-21064/88; A-6301)
390.3020	am	(P-21064/88; A-6301)
390.3030	am	(P-21064/88; A-6301)
390.3040	am	(P-21064/88; A-6301)
390.3210	am	(P-21064/88; A-6301)
390.3220	am	(P-21064/88; A-6301)
390.3230	am	(P-21064/88; A-6301)
390.3240	am	(P-21064/88; A-6301)
390.3250	am	(P-21064/88; A-6301)
390.3260	am	(P-21064/88; A-6301)
390.3270	am	(P-21064/88; A-6301)
390.3280	am	(P-21064/88; A-6301)
390.3290	am	(P-21064/88; A-6301)
390.3300	am	(P-21064/88; A-6301)
390.3310	am	(P-21064/88; A-6301)
390.3320	am	(P-21064/88; A-6301)

TITLE 77 (CONT'D)

390.3330	am	(P-21064/88; A-6301)
390.3510	am	(P-21064/88; A-6301)
390.3510	am	(P-21064/88; A-6301)
450.05	n	(P-2249)
450.10	am	(P-2249)
450.20	am	(P-2249)
450.30	am	(P-2249)
450.35	n	(P-2249)
450.40	n	(P-2249)
450.50	n	(P-2249)
450.50	n	(P-2249)
450.210	am	(P-2249)
450.220	am	(P-2249)
450.230	am	(P-2249)
450.310	am	(P-2249)
450.320	am	(P-2249)
450.330	am	(P-2249)
450.410	am	(P-2249)
450.420	am	(P-2249)
450.430	am	(P-2249)
450.440	am	(P-2249)
450.440	n	(P-19327/88; A-4285)
450.450	n	(P-19327/88; A-4285)
450.450	n	(P-19327/88; A-4285)
450.510	am	(P-2249)
450.520	am	(P-2249)
450.530	am	(P-2249)
450.540	r	(P-2249)
450.550	r	(P-2249)
450.560	r	(P-2249)
450.570	r	(P-2249)
450.610	am	(P-2249)
450.710	am	(P-2249)
450.720	am	(P-2249)
450.730	am	(P-2249)
450.810	r	(P-2249)
450.820	r	(P-2249)
450.830	r	(P-2249)
450.835	r	(P-2249)
450.840	r	(P-2249)
450.845	r	(P-2249)
450.848	r	(P-2249)
450.850	r	(P-2249)
450.860	r	(P-2249)
450.870	r	(P-2249)
450.920	am	(P-2249)
450.930	am	(P-2249)
450.940	am	(P-2249)
450.950	am	(P-2249)
450.1010	am	(P-2249)
450.1110	am	(P-2249)
450.1120	am	(P-2249)
450.1130	am	(P-2249)
450.1140	am	(P-2249)
450.1150	am	(P-2249)
450.1155	am	(P-2249)
450.1200	am	(P-2249)

TITLE 77 (CONT'D)

450.1300	n	(P-19327/88; A-4285)
450.1310	am	(P-2249)
450.1310	n	(P-19327/88; A-4285)
450.1320	am	(P-2249)
450.1320	n	(P-19327/88; A-4285)
450.1330	am	(P-2249)
450.1330	n	(P-19327/88; A-4285)
450.Ap. A	n	(P-2249)
450.Ap. B	n	(P-2249)
490.10	n	(P-2974)
490.20	n	(P-2974)
490.30	n	(P-2974)
490.40	n	(P-2974)
490.210	n	(P-2974)
490.220	n	(P-2974)
490.230	n	(P-2974)
490.310	n	(P-2974)
490.320	n	(P-2974)
490.330	n	(P-2974)
490.410	n	(P-2974)
490.420	n	(P-2974)
490.430	n	(P-2974)
490.440	n	(P-2974)
490.510	n	(P-2974)
490.520	n	(P-2974)
490.610	n	(P-2974)
490.620	n	(P-2974)
490.710	n	(P-2974)
490.720	n	(P-2974)
490.730	n	(P-2974)
490.740	n	(P-2974)
490.810	n	(P-2974)
490.820	n	(P-2974)
490.830	n	(P-2974)
490.840	n	(P-2974)
490.910	n	(P-2974)
535.10	am	(P-4500)
535.20	am	(P-4126; P-4500)
535.150	am	(P-4126)
535.200	am	(P-4126)
535.240	am	(P-4126)
535.400	am	(P-4126)
535.410	am	(P-4126)
535.420	am	(P-4126)
535.430	am	(P-4126)
535.800	n	(P-4126)
535.810	n	(P-4126)
535.820	n	(P-4126)
535.830	n	(P-4126)
535.840	n	(P-4126)
535.850	n	(P-4126)
535.860	n	(P-4126)

TITLE 77 (CONT'D)

535.870	n	(P-4126)
535.900	n	(P-4500)
535.910	n	(P-4500)
535.920	n	(P-4500)
535.930	n	(P-4500)
535.931	n	(P-4500)
535.932	n	(P-4500)
535.933	n	(P-4500)
535.934	n	(P-4500)
535.935	n	(P-4500)
535.936	n	(P-4500)
535.940	n	(P-4500)
535.941	n	(P-4500)
535.942	n	(P-4500)
535.943	n	(P-4500)
535.950	n	(P-4500)
535.951	n	(P-4500)
535.952	n	(P-4500)
535.953	n	(P-4500)
540.10	am	(P-4616)
540.30	am	(P-4616)
540.40	am	(P-4616)
540.50	am	(P-4616)
540.70	am	(P-4616)
540.80	am	(P-4616)
540.90	am	(P-4616)
540.160	am	(P-4616)
540.190	n	(P-4616)
542.10	n	(P-4544/88; A-3086)
542.20	n	(P-4544/88; A-3086)
542.30	n	(P-4544/88; A-3086)
542.40	n	(P-4544/88; A-3086)
542.50	n	(P-4544/88; A-3086)
542.60	n	(P-4544/88; A-3086)
542.70	n	(P-4544/88; A-3086)
542.80	n	(P-4544/88; A-3086)
542.90	n	(P-4544/88; A-3086)
542.100	n	(P-4544/88; A-3086)
600.110	am	(P-10035)
600.120	am	(P-10035)
600.230	am	(P-10035)
600.250	am	(P-10035)
600.510	am	(P-10035)
600.900	am	(P-10035)
600.910	r	(P-10035)
600.920	r	(P-10035)
600.930	r	(P-10035)
600.1100	am	(P-10035)
600.1110	am	(P-10035)
600.1120	am	(P-10035)
600.1130	am	(P-10035)
600.1140	am	(P-10035)
600.1400	am	(P-10035)
615.100	am	(P-10137)
615.110	am	(P-10137)
615.140	am	(P-10137)

TITLE 77 (CONT'D)

615.150	am	(P-10137)
615.160	am	(P-10137)
615.200	am	(P-10137)
615.310	am	(P-10137)
615.320	am	(P-10137)
615.330	am	(P-10137)
615.360	am	(P-10137)
615.370	am	(P-10137)
615.510	am	(P-10137)
615.520	am	(P-10137)
615.530	am	(P-10137)
615.540	am	(P-10137)
630.10	am	(P-10060)
630.20	am	(P-10060)
630.30	am	(P-10060)
630.40	am	(P-10060)
630.50	am	(P-10060)
630.60	am	(P-10060)
630.70	am	(P-10060)
630.80	am	(P-10060)
630.90	am	(P-10060)
630.100	am	(P-10060)
630.110	am	(P-10060)
630.120	am	(P-10060)
630.130	am	(P-10060)
630.140	am	(P-10060)
630.150	am	(P-10060)
630.160	am	(P-10060)
630.170	am	(P-10060)
630.180	am	(P-10060)
630.190	am	(P-10060)
630.200	am	(P-10060)
630.210	am	(P-10060)
630.Ap.A	n	(P-10060)
630.Ap.B	n	(P-10060)
630.Ap.C	n	(P-10060)
630.Ap.D	n	(P-10060)
635.20	am	(P-5505)
635.30	am	(P-5505)
635.35	n	(P-5505)
635.40	am	(P-5505)
635.50	am	(P-5505)
635.60	am	(P-5505)
635.70	am	(P-5505)
635.80	am	(P-5505)
635.90	am	(P-5505)
635.110	am	(P-5505)
635.130	am	(P-5505)
635.140	am	(P-5505)
635.150	am	(P-5505)
635.160	am	(P-5505)
635.170	am	(P-5505)
635.180	am	(P-5505)
635.190	n	(P-5505)
635.Ap. A	n	(P-5505)

TITLE 77 (CONT'D)

635.Ap. B	n	(P-5505)
635.Ap. C	n	(P-5505)
661.10	am	(P-3599)
661.15	am	(P-3599)
661.20	am	(P-3599)
661.30	am	(P-3599)
661.35	am	(P-3599)
661.40	am	(P-3599)
661.50	am	(P-3599)
665.140	am	(P-8840)
665.150	am	(P-8840)
665.280	am	(P-8840)
665.Ap. A	n	(P-8840)
694.10	n	(P-5491)
694.20	n	(P-5491)
694.100	n	(P-5491)
694.110	n	(P-5491)
694.120	n	(P-5491)
694.200	n	(P-5491)
694.210	n	(P-5491)
694.220	n	(P-5491)
694.Ap. A	n	(P-5491)
694.Ap. B	n	(P-5491)
694.Ap. C	n	(P-5491)
698.10	n	(P-7194)
698.20	n	(P-7194)
698.30	n	(P-7194)
698.40	n	(P-7194)
698.50	n	(P-7194)
698.60	n	(P-7194)
698.70	n	(P-7194)
698.Ap. A	n	(P-7194)
700.10	am	(P-12777/88; A-10634)
700.20	am	(P-12777/88; A-10634)
700.30	am	(P-12777/88; A-10634)
710.20	am	(P-6913)
710.30	am	(P-6913)
710.40	am	(P-6913)
710.50	am	(P-6913)
710.100	am	(P-6913)
710.110	am	(P-6913)
710.120	am	(P-6913)
710.130	am	(P-6913)
710.140	am	(P-6913)
710.210	am	(P-6913)
710.220	am	(P-6913)
710.230	am	(P-6913)
725.5	r	(P-7265/88; A-2517)
725.10	r	(P-7265/88; A-2517)
725.15	n	(P-7272/88; A-2502)
725.20	n	(P-7272/88; A-2502)
725.30	r	(P-7265/88; A-2517)
725.40	r	(P-7265/88; A-2517)
725.40	n	(P-7272/88; A-2502)

TITLE 77 (CONT'D.)			
790.5544	am	(P-1299/188; P-1642/5/88; A-856) (P-3015) (E-3108)	
790.5560	n	(P-1642/5/88; A-856)	
790.5620	am	(P-1299/188; P-1642/5/88; A-856) (P-3015) (E-3108)	
790.5640	n	(P-1299/188; A-856)	
790.5660	am	(P-3015) (E-3108)	
790.5780	am	(P-3015) (E-3108)	
790.5792	am	(P-1299/188; P-1642/5/88; A-856)	
790.5795	n	(P-1642/5/88; A-856)	
790.5807	am	(P-1642/5/88; A-856) (P-3015) (E-3108)	
790.5820	am	(P-1299/188; P-1642/5/88; A-856)	
790.5830	am	(P-1299/188; P-1642/5/88; A-856)	
790.5837	n	(P-1299/188; A-856)	
790.5840	am	(P-1642/5/88; A-856)	
790.5872	am	(P-1642/5/88; A-856)	
790.5893	am	(P-1642/5/88; A-856)	
790.5900	am	(P-1642/5/88; A-856)	
790.5924	am	(P-1299/188; A-856) (P-3015) (E-3108)	
790.5940	am	(P-1299/188; P-1642/5/88; A-856)	
790.5980	am	(P-3015) (E-3108)	
790.5992	am	(P-1642/5/88; A-856)	
790.6140	am	(P-3015) (E-3108)	
790.6180	am	(P-1642/5/88; A-856)	
790.6260	am	(P-3015) (E-3108)	
790.6260	am	(P-1642/5/88; A-856) (P-3015) (E-3108)	
790.6275	am	(P-1299/188; P-1642/5/88; A-856)	
790.6280	am	(P-3015) (E-3108)	
790.6284	am	(P-1642/5/88; A-856)	
790.6370	am	(P-1642/5/88; A-856)	
790.6370	am	(P-1299/188; A-856) (P-3015) (E-3108)	
790.6375	n	(P-1642/5/88; A-856)	
790.6445	am	(P-1642/5/88; A-856)	
790.6450	am	(P-1642/5/88; A-856) (P-3015) (E-3108)	
790.6452	am	(P-1642/5/88; A-856)	
790.6454	n	(P-1642/5/88; A-856)	
790.6456	am	(P-1299/188; P-1642/5/88; A-856) (P-3015) (E-3108)	
790.6540	am	(P-1642/5/88; A-856)	
790.6580	am	(P-1642/5/88; A-856)	
790.6621	n	(P-1642/5/88; A-856)	
790.6670	am	(P-1642/5/88; A-856)	
790.6740	am	(P-1642/5/88; A-856)	
790.6780	am	(P-1299/188; P-1642/5/88; A-856) (P-3015) (E-3108)	
790.6860	am	(P-3015) (E-3108)	
790.6875	am	(P-1299/188; A-856) (P-3015) (E-3108)	
790.6885	am	(P-3015) (E-3108)	
790.6895	n	(P-3015) (E-3108)	
790.6946	am	(P-1642/5/88; A-856)	

TITLE 27 (CONT'D)					
	n	am			
790.6960			(P-12991/88; P-16425/88; A-856)		
790.6980			(P-16425/88; A-856 (P-3015)		
790.7020	am		(E-3108)		
			(P-16425/88; A-856)		
790.7140	am		(P-16425/88; A-856)		
790.7180	am		(P-16425/88; A-856)		
790.7181	n		(P-16425/88; A-856)		
790.7223	am		(P-3015) (E-3108)		
790.7260	am		(P-16425/88; A-856)		
790.7265	n		(P-16425/88; A-856)		
790.7280	am		(P-16425/88; A-856 (P-3015)		
			(E-3108)		
790.7288	n		(P-16425/88; A-856)		
790.7288	am		(P-3015) (E-3108)		
790.7400	am		(P-12991/88; A-856) (P-3015)		
			(E-3108)		
790.7500	am		(P-3015) (E-3108)		
790.7540	am		(P-12991/88; P-16425/88; A-856)		
			(P-16425/88; A-856)		
790.7700	am		(P-16425/88; A-856 (P-3015)		
			(E-3108)		
790.7820	am		(P-3015) (E-3108)		
790.7928	am		(P-12991/88; P-16425/88; A-856)		
			(P-3015) (E-3108)		
790.8020	am		(P-3015) (E-3108)		
790.8140	am		(P-3015) (E-3108)		
790.8248	r		(P-3015) (E-3108)		
790.8260	am		(P-3015) (E-3108)		
790.8378	am		(P-16425/88; A-856)		
790.8380	am		(P-16425/88; A-856)		
790.8420	am		(P-3015) (E-3108)		
790.8580	am		(P-16425/88; A-856 (P-3015)		
			(E-3108)		
790.8700	am		(P-16425/88; A-856 (P-3015)		
			(E-3108)		
790.8724	am		(P-3015) (E-3108)		
790.8740	am		(P-3015) (E-3108)		
790.8900	am		(P-16425/88; A-856 (P-3015)		
			(E-3108)		
790.8940	am		(P-16425/88; A-856 (P-3015)		
			(E-3108)		
790.9020	am		(P-12991/88; A-856 (P-3015)		
			(E-3108)		
790.9060	am		(P-12991/88; P-16425/88; A-856)		
			(P-3015) (E-3108)		
790.9084	am		(P-12991/88; A-856 (P-3015)		
			(E-3108)		
790.9100	am		(P-3015) (E-3108)		
790.9140	am		(P-12991/88; A-856 (P-3015)		
			(E-3108)		
790.9220	am		(P-3015) (E-3108)		
790.9320	am		(P-3015) (E-3108)		
790.9380	am		(P-3015) (E-3108)		
790.9475	am		(P-3015) (E-3108)		
790.9486	am		(P-12991/88; P-16425/88; A-856)		
			(P-3015) (E-3108)		

TITLE 27 (CONT'D.)			
790.9530	am	(P-1299/88; P-16425/88; A-856)	
790.9530	am	(P-1299/88; P-16425/88; A-856)	
830.10	am	(P-3325/88; A-2090)	
830.20	am	(P-3325/88; A-2090)	
830.30	am	(P-3325/88; A-2090)	
830.110	am	(P-3325/88; A-2090)	
830.120	am	(P-3325/88; A-2090)	
830.130	am	(P-3325/88; A-2090)	
830.140	am	(P-3325/88; A-2090)	
830.150	r	(P-3325/88; A-2090)	
830.160	r	(P-3325/88; A-2090)	
830.170	r	(P-3325/88; A-2090)	
830.180	am	(P-3325/88; A-2090)	
830.190	n	(P-3325/88; A-2090)	
830.200	am	(P-3325/88; A-2090)	
830.210	am	(P-3325/88; A-2090)	
830.220	n	(P-3325/88; A-2090)	
830.230	n	(P-3325/88; A-2090)	
830.240	n	(P-3325/88; A-2090)	
830.250	am	(P-3325/88; A-2090)	
830.260	am	(P-3325/88; A-2090)	
830.270	am	(P-3325/88; A-2090)	
830.280	r	(P-3325/88; A-2090)	
830.290	am	(P-3325/88; A-2090)	
830.300	n	(P-3325/88; A-2090)	
830.310	n	(P-3325/88; A-2090)	
830.315	r	(P-3325/88; A-2090)	
830.400	am	(P-3325/88; A-2090)	
830.410	am	(P-3325/88; A-2090)	
830.420	r	(P-3325/88; A-2090)	
830.430	am	(P-3325/88; A-2090)	
830.440	am	(P-3325/88; A-2090)	
830.450	am	(P-3325/88; A-2090)	
830.460	am	(P-3325/88; A-2090)	
830.500	am	(P-3325/88; A-2090)	
830.510	am	(P-3325/88; A-2090)	
830.520	am	(P-3325/88; A-2090)	
830.530	am	(P-3325/88; A-2090)	
830.540	am	(P-3325/88; A-2090)	
830.560	am	(P-3325/88; A-2090)	
830.570	am	(P-3325/88; A-2090)	
830.600	am	(P-3325/88; A-2090)	
830.610	r	(P-3325/88; A-2090)	
830.620	am	(P-3325/88; A-2090)	
830.630	am	(P-3325/88; A-2090)	
830.640	am	(P-3325/88; A-2090)	
830.650	am	(P-3325/88; A-2090)	
830.660	am	(P-3325/88; A-2090)	
830.670	r	(P-3325/88; A-2090)	
830.700	am	(P-3325/88; A-2090)	
830.800	am	(P-3325/88; A-2090)	
830.820	am	(P-3325/88; A-2090)	
830.830	am	(P-3325/88; A-2090)	
830.840	n	(P-3325/88; A-2090)	
830.850	n	(P-3325/88; A-2090)	
830.860	n	(P-3325/88; A-2090)	

[illegible]

TITLE 77 (CONT'D)			TITLE 77 (CONT'D)			TITLE 80 (CONT'D)			TITLE 80 (CONT'D)		
890.1040	am	(P-4543)	1150.230	r	(P-5580)	302.820	n	(P-15813/88; A-3722)	1105.30	am	(P-1335)
890.1070	am	(P-4543)	1150.310	r	(P-5580)	302.822	r	(P-15813/88; A-3722)	1105.40	am	(P-1335)
890.1110	am	(P-4543)	1150.320	r	(P-5580)	302.822	n	(P-15813/88; A-3722)	1105.50	am	(P-1335)
890.1210	am	(P-4543)	1150.330	r	(P-5580)	302.824	r	(P-15813/88; A-3722)	1105.80	am	(P-1335)
890.1410	am	(P-4543)	1150.410	r	(P-5580)	302.824	n	(P-15813/88; A-3722)	1105.100	am	(P-1335)
890.1460	am	(P-4543)	1150.420	r	(P-5580)	302.825	r	(P-15813/88; A-3722)	1105.110	am	(P-1335)
890.1540	am	(P-4543)	1150.430	r	(P-5580)	302.825	n	(P-15813/88; A-3722)	1105.120	am	(P-1335)
890.1550	am	(P-4543)	1150.440	r	(P-5580)	302.830	r	(P-15813/88; A-3722)	1105.130	r	(P-1335)
890.1620	am	(P-4543)	1150.450	r	(P-5580)	302.830	n	(P-15813/88; A-3722)	1105.140	am	(P-1335)
890.1640	am	(P-4543)	2056.1	am	(P-22265/88; A-7274)	302.830	r	(P-15813/88; A-3722)	1105.150	am	(P-1335)
890.1650	am	(P-4543)	2056.5	am	(P-22265/88; A-7274)	302.840	n	(P-15813/88; A-3722)	1105.160	am	(P-1335)
890.1720	am	(P-4543)	2056.55	am	(P-22265/88; A-7274)	302.841	r	(P-15813/88; A-3722)	1105.170	am	(P-1335)
890.2000	am	(P-4543)	2056.60	am	(P-22265/88; A-7274)	302.842	r	(P-15813/88; A-3722)	1105.220	am	(P-1335)
890.2110	am	(P-4543)	2056.61	am	(P-22265/88; A-7274)	302.846	r	(P-15813/88; A-3722)	1110.40	am	(P-1335)
890.3010	n	(P-4543)	2056.70	am	(P-22265/88; A-7274)	302.846	n	(P-15813/88; A-3722)	1110.50	am	(P-1335)
890.3020	n	(P-4543)	2056.75	am	(P-22265/88; A-7274)	302.850	r	(P-15813/88; A-3722)	1110.60	am	(P-1335)
890.3030	n	(P-4543)	2056.300	am	(P-22265/88; A-7274)	302.850	n	(P-15813/88; A-3722)	1110.70	r	(P-1335)
890.3040	n	(P-4543)	2056.320	am	(P-22265/88; A-7274)	302.860	r	(P-15813/88; A-3722)	1110.70	n	(P-1335)
890.3050	n	(P-4543)	2056.330	am	(P-22265/88; A-7274)	302.860	n	(P-15813/88; A-3722)	1110.80	am	(P-1335)
890.3060	n	(P-4543)	2056.405	am	(P-22265/88; A-7274)	302.863	r	(P-15813/88; A-3722)	1110.90	am	(P-1335)
890.3070	n	(P-4543)	2056.410	am	(P-22265/88; A-7274)	302.863	n	(P-15813/88; A-3722)	1110.100	am	(P-1335)
890.3080	n	(P-4543)	2056.415	am	(P-22265/88; A-7274)	310.30	am	(P-1296; A-8849)	1110.110	am	(P-1335)
890.3090	n	(P-4543)	2056.420	am	(P-22265/88; A-7274)	310.230	am	(P-1296; A-8849)	1110.140	am	(P-1335)
890.4000	n	(P-4543)	2056.500	am	(P-22265/88; A-7274)			(P-10967)	1110.150	am	(P-1335)
910.5	am	(P-8282)	2056.505	am	(P-22265/88; A-7274)	310.280	am	(P-1296; A-8849)	1110.160	am	(P-1335)
910.10	am	(P-8282)	2056.510	am	(P-22265/88; A-7274)	310.290	am	(P-1296; A-8849)	1110.170	am	(P-1335)
910.15	am	(P-8282)	2056.515	am	(P-22265/88; A-7274)			(P-10967)	1110.180	n	(P-1335)
910.20	am	(P-8282)	2056.605	am	(P-22265/88; A-7274)	310.320	am	(P-1296; A-8849)	1120.20	am	(P-1379)
910.30	am	(P-8282)	2056.610	am	(P-22265/88; A-7274)	310.Ap. A	am	(P-20584/88; RC-1254) (PP-8080)	1120.30	am	(P-1379)
910.40	am	(P-8282)	2056.700	am	(P-22265/88; A-7274)			(P-8970) (P-10725)	1120.40	am	(P-1379)
910.50	am	(P-8282)	2056.710	am	(P-22265/88; A-7274)	Tb. A	am	(P-10725)	1120.50	am	(P-1379)
910.60	am	(P-8282)	2056.Ap. Am	am	(P-22265/88; A-7274)	Tb. B	am	(P-10725)	1120.70	n	(P-1379)
910.70	am	(P-8282)	2510.50	am	(P-13694/88; A-334)	Tb. C	am	(PP-8970)	1125.10	am	(P-16375/88; A-1784)
910.80	am	(P-8282)	2510.55	am	(P-8198)	Tb. F	am	(P-2892)	1125.20	am	(P-16375/88; A-1784)
1100.40	r	(P-5596)	2510.Ap. Dum	am	(P-8198)	Tb. H	am	(PP-8970)	1125.30	am	(P-16375/88; A-1784)
1100.560	am	(P-5596)	2800.102	am	(P-6856)	Tb. I	am	(PP-8970)	1125.50	r	(P-16375/88; A-1784)
1100.570	am	(P-5596)				Tb. J	am	(PP-8080) (PP-8970)	1125.70	am	(P-16375/88; A-1784)
1100.620	am	(P-5596)				Tb. O	am	(PP-8080) (PP-8970)	1125.80	am	(P-16375/88; O-22492/88; R-1905; A-1784)
1100.630	am	(P-5596)				Tb. P	am	(PP-8970)	1125.90	r	(P-16375/88; A-1784)
1100.660	am	(P-5596)				Tb. R	am	(PP-8970)	1125.100	n	(P-16375/88; A-1784)
1110.30	am	(P-5619)				Tb. W	am	(PP-8970)	1570.40	am	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.40	am	(P-5619)				Tb. X	am	(PP-8970)	1570.60	r	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.50	n	(P-5619)				Tb. Y	am	(PP-8970)	1570.70	am	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.520	am	(P-5619)				Tb. Z	am	(PP-8970)	1570.80	am	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.720	am	(P-5619)				1100.10	am	(P-1327)	1570.90	am	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.730	am	(P-5619)				1100.20	am	(P-1327)	1570.100	am	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.1320	am	(P-5619)				1100.30	am	(P-1327)	1570.110	r	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.1330	am	(P-5619)				1100.40	am	(P-1327)	1570.150	r	(P-14122/88; O-22492/88; R-1626; A-1577)
1110.1730	am	(P-5619)				1100.50	am	(P-1327)			
1110.2220	am	(P-5619)				1100.70	am	(P-1327)			
1110.2230	am	(P-5619)				1100.80	am	(P-1327)			
1110.2230	am	(P-5619)				1100.90	n	(P-1327)			
1150.110	r	(P-5580)				1100.100	n	(P-1327)			
1150.210	r	(P-5580)				1105.10	am	(P-1335)			
1150.220	r	(P-5580)				1105.20	am	(P-1335)			

TITLE 80 (CONT'D)			TITLE 83 (CONT'D)			TITLE 83 (CONT'D)			TITLE 83 (CONT'D)		
1570.160	am	(P-14122/88; O-22492/88; R-1626; A-1577)	285.160	am	(P-5229)	285.3095	n	(P-5229)	440.800	n	(P-3162/88; A-296)
			285.170	am	(P-5229)	285.3100	n	(P-5229)	440.810	n	(P-3162/88; A-296)
1600.50	am	(P-107/69)	285.210	am	(P-5229)	285.3110	n	(P-5229)	440.900	n	(P-3162/88; A-296)
2110.30	am	(P-1; A-9259) (E-214)	285.310	am	(P-5229)	285.3115	n	(P-5229)	440.910	n	(P-3162/88; A-296)
2110.320	am	(P-1; A-9259) (E-214)	285.410	am	(P-5229)	285.3120	n	(P-5229)	505.10	am	(P-1686; A-10858)
2110.330	am	(P-1; A-9259) (E-214)	285.420	am	(P-5229)	285.3125	n	(P-5229)	535.10	n	(P-9314/88; A-7331)
2110.510	am	(P-1; A-9259) (E-214)	285.1000	n	(P-5229)	285.3130	n	(P-5229)	535.15	n	(P-9314/88; A-7331)
2110.530	am	(P-1; A-9259) (E-214)	285.1005	n	(P-5229)	285.4000	n	(P-5229)	535.100	n	(P-9314/88; A-7331)
2150.1	am	(P-10285/88; A-2402)	285.1010	n	(P-5229)	285.1010	n	(P-5229)	535.110	n	(P-9314/88; A-7331)
2150.1	am	(P-6853)	285.1015	n	(P-5229)	285.4005	n	(P-5229)	535.115	n	(P-9314/88; A-7331)
2150.2	n	(P-10285/88; A-2402)	285.2000	n	(P-5229)	285.4010	n	(P-5229)	535.120	n	(P-9314/88; A-7331)
2150.5	n	(P-10285/88; A-2402)	285.2005	n	(P-5229)	285.4015	n	(P-5229)	535.200	n	(P-9314/88; A-7331)
2650.1	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2010	n	(P-5229)	285.4020	n	(P-5229)	535.205	n	(P-9314/88; A-7331)
			285.2015	n	(P-5229)	285.4025	n	(P-5229)	535.210	n	(P-9314/88; A-7331)
2650.5	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2020	n	(P-5229)	285.5000	n	(P-5229)	535.220	n	(P-9314/88; A-7331)
			285.2025	n	(P-5229)	285.5005	n	(P-5229)	535.300	n	(P-9314/88; A-7331)
2650.10	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2030	n	(P-5229)	285.5010	n	(P-5229)	535.305	n	(P-9314/88; A-7331)
			285.2035	n	(P-5229)	285.5015	n	(P-5229)	535.310	n	(P-9314/88; A-7331)
2650.15	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2040	n	(P-5229)	285.5020	n	(P-5229)	535.320	n	(P-9314/88; A-7331)
			285.2045	n	(P-5229)	285.5025	n	(P-5229)	535.330	n	(P-9314/88; A-7331)
2650.20	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2050	n	(P-5229)	285.5025	n	(P-5229)	535.340	n	(P-9314/88; A-7331)
			285.2055	n	(P-5229)	285.5030	n	(P-5229)	535.350	n	(P-9314/88; A-7331)
2650.25	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2060	n	(P-5229)	285.5035	n	(P-5229)	535.360	n	(P-9314/88; A-7331)
			285.2065	n	(P-5229)	285.5040	n	(P-5229)	535.400	n	(P-9314/88; A-7331)
2650.30	n	(P-6871/88; O-1256; R-3411; A-3330)	285.2070	n	(P-5229)	285.5045	n	(P-5229)	535.410	n	(P-9314/88; A-7331)
			285.2075	n	(P-5229)	325.5	n	(P-18021/88; A-4648)	535.500	n	(P-9314/88; A-7331)
2700.200	am	(P-253; A-9308) (E-629)	285.2080	n	(P-5229)	325.10	n	(P-18021/88; A-4648)	535.510	n	(P-9314/88; A-7331)
2700.440	am	(P-253; A-9308) (E-629)	285.2085	n	(P-5229)	325.20	n	(P-18021/88; A-4648)	590.10	am	(P-9067)
2700.620	am	(P-253; A-9308) (E-629)	285.2090	n	(P-5229)	435.10	n	(P-3; A-8417)	595.120	am	(P-16309/88; A-2036)
2700.630	am	(P-253; A-9308) (E-629)	285.2095	n	(P-5229)	435.20	n	(P-3; A-8417)	710.10	am	(P-9076)
2700.650	am	(P-253; A-9308) (E-629)	285.2100	n	(P-5229)	435.30	n	(P-3; A-8417)	710.100	n	(P-19563/88; A-7570)
2700.700	am	(P-253; A-9308) (E-629)	285.2105	n	(P-5229)	435.40	n	(P-3; A-8417)	710.105	n	(P-19563/88; A-7570)
2700.710	am	(P-253; A-9308) (E-629)	285.2110	n	(P-5229)	435.50	n	(P-3; A-8417)	710.110	n	(P-19563/88; A-7570)
2700.720	am	(P-253; A-9308) (E-629)	285.2115	n	(P-5229)	435.60	n	(P-3; A-8417)	710.115	n	(P-19563/88; A-7570)
2700.730	am	(P-253; A-9308) (E-629)	285.2120	n	(P-5229)	440.10	n	(P-3162/88; A-296)	710.120	n	(P-19563/88; A-7570)
2700.735	n	(P-253; A-9308) (E-629)	285.2125	n	(P-5229)	440.100	n	(P-3162/88; A-296)	710.125	n	(P-19563/88; A-7570)
2700.740	am	(P-253; A-9308) (E-629)	285.3000	n	(P-5229)	440.200	n	(P-3162/88; A-296)	710.130	n	(P-19563/88; A-7570)
2700.750	am	(P-253; A-9308) (E-629)	285.3005	n	(P-5229)	440.210	n	(P-3162/88; A-296)	710.135	n	(P-19563/88; A-7570)
2700.820	am	(P-253; A-9308) (E-629)	285.3010	n	(P-5229)	440.220	n	(P-3162/88; A-296)	710.140	n	(P-19563/88; A-7570)
2700.920	am	(P-253; A-9308) (E-629)	285.3015	n	(P-5229)	440.240	n	(P-3162/88; A-296)	710.145	n	(P-19563/88; A-7570)
2700.920	am	(P-253; A-9308) (E-629)	285.3020	n	(P-5229)	440.300	n	(P-3162/88; A-296)	710.150	n	(P-19563/88; A-7570)
2700.920	am	(P-253; A-9308) (E-629)	285.3025	n	(P-5229)	440.310	n	(P-3162/88; A-296)	710.155	n	(P-19563/88; A-7570)
Ex. E	am		285.3030	n	(P-5229)	440.400	n	(P-3162/88; A-296)	710.160	n	(P-19563/88; A-7570)
Ex. F	am		285.3035	n	(P-5229)	440.410	n	(P-3162/88; A-296)	710.165	n	(P-19563/88; A-7570)
			285.3040	n	(P-5229)	440.420	n	(P-3162/88; A-296)	710.170	n	(P-19563/88; A-7570)
			285.3045	n	(P-5229)	440.430	n	(P-3162/88; A-296)	710.175	n	(P-19563/88; A-7570)
215.10	am	(P-18026/88; A-4650)	285.3050	n	(P-5229)	440.500	n	(P-3162/88; A-296)	710.180	n	(P-19563/88; A-7570)
215.30	am	(P-1647; A-10841)	285.3055	n	(P-5229)	440.510	n	(P-3162/88; A-296)	710.185	n	(P-19563/88; A-7570)
281.30	am	(P-1647; A-10841)	285.3060	n	(P-5229)	440.520	n	(P-3162/88; A-296)	710.190	n	(P-19563/88; A-7570)
281.90	am	(P-1647; A-10841)	285.3061	n	(P-5229)	440.600	n	(P-3162/88; A-296)	710.200	n	(P-19563/88; A-7570)
281.100	am	(P-1647; A-10841)	285.3065	n	(P-5229)	440.610	n	(P-3162/88; A-296)	710.205	n	(P-19563/88; A-7570)
281.Ex. D	am	(P-1647; A-10841)	285.3070	n	(P-5229)	440.640	n	(P-3162/88; A-296)	710.210	n	(P-19563/88; A-7570)
281.Ex. E	am	(P-1647; A-10841)	285.3075	n	(P-5229)	440.650	n	(P-3162/88; A-296)	710.215	n	(P-19563/88; A-7570)
285.110	am	(P-5229)	285.3080	n	(P-5229)	440.650	n	(P-3162/88; A-296)	710.220	n	(P-19563/88; A-7570)
285.115	am	(P-5229)	285.3081	n	(P-5229)	440.700	n	(P-3162/88; A-296)	710.225	n	(P-19563/88; A-7570)
285.130	am	(P-5229)	285.3090	n	(P-5229)	440.700	n	(P-3162/88; A-296)	710.230	n	(P-19563/88; A-7570)
285.150	am	(P-5229)									

TITLE 83 (CONT'D)	
710.235	n (P-19563/88; A-7570)
710.240	n (P-19563/88; A-7570)
710.2000	n (P-19563/88; A-7570)
TITLE 86	
100.2900	am (P-10772)
100.2901	n (P-10772)
100.2902	n (P-10772)
100.2903	n (P-10772)
100.2904	n (P-10772)
100.3700	am (P-2383; A-10952)
100.5706	am (P-768; A-8917)
110.105	am (P-2237/88; A-7469)
110.145	am (P-20007/88; A-6803)
110.160	am (P-2237/88; A-7469)
130.310	am (P-8391)
140.101	am (P-10179)
140.105	am (P-10179)
140.110	r (P-10179)
140.115	r (P-10179)
140.120	am (P-10179)
140.125	am (P-10179)
140.126	n (P-10179)
140.130	r (P-10179)
140.135	am (P-10179)
140.140	am (P-10179)
140.145	r (P-10179)
140.201	am (P-10179)
140.301	am (P-10179)
140.305	am (P-10179)
140.401	am (P-10179)
140.405	am (P-10179)
140.410	am (P-10179)
140.420	am (P-10179)
140.425	am (P-10179)
140.430	am (P-10179)
140.505	r (P-10179)
140.1301	r (P-10179)
140.1310	r (P-10179)
140.1415	am (P-10179)
140.1501	am (P-10179)
140.1601	am (P-10179)
140.1401	am (P-1108/88; A-9388)
140.1405	am (P-1108/88; A-9388)
140.1415	am (P-1108/88; A-9388)
150.325	am (P-7215)
150.330	am (P-7215)
150.1401	am (P-7215)
150.1405	am (P-7215)
150.1415	am (P-7215)
151.101	n (P-1498)
151.105	n (P-1498)
151.110	n (P-1498)
151.115	n (P-1498)
160.150	am (P-11119/88; A-9999)

TITLE 86 (CONT'D)	
160.155	am (P-11119/88; A-9999)
160.165	am (P-11119/88; A-9999)
180.101	am (P-11056/88; A-9332)
200.101	r (P-20012/88; A-6808)
200.105	r (P-19993/88; A-6789)
200.105	r (P-20012/88; A-6808)
200.105	n (P-19993/88; A-6789)
200.110	r (P-20012/88; A-6808)
200.110	r (P-19993/88; A-6789)
200.115	r (P-20012/88; A-6808)
200.115	r (P-19993/88; A-6789)
200.120	r (P-20012/88; A-6808)
200.120	r (P-19993/88; A-6789)
200.125	r (P-20012/88; A-6808)
200.125	n (P-19993/88; A-6789)
200.130	n (P-20012/88; A-6808)
200.130	n (P-19993/88; A-6789)
200.135	r (P-20012/88; A-6808)
200.135	n (P-19993/88; A-6789)
200.140	r (P-20012/88; A-6808)
200.140	n (P-19993/88; A-6789)
200.145	n (P-19993/88; A-6789)
200.150	n (P-19993/88; A-6789)
200.155	n (P-19993/88; A-6789)
200.160	n (P-19993/88; A-6789)
200.165	n (P-19993/88; A-6789)
200.170	n (P-19993/88; A-6789)
200.175	n (P-19993/88; A-6789)
210.135	n (P-11060/88; A-6782)
425.10	r (P-19976/88; A-6780)
425.20	r (P-19976/88; A-6780)
432.100	n (P-15027/88; A-191)
432.110	n (P-15027/88; A-191)
432.120	n (P-15027/88; A-191)
432.130	n (P-15027/88; A-191)
432.140	n (P-15027/88; A-191)
432.150	n (P-15027/88; A-191)
432.160	n (P-15027/88; A-191)
432.170	n (P-15027/88; A-191)
432.180	n (P-15027/88; A-191)
432.190	n (P-15027/88; A-191)
432.200	n (P-15027/88; A-191)
440.50	am (P-11063/88; A-10678)
440.90	am (P-11063/88; A-10678)
445.10	r (P-19981/88; A-6785)
445.20	r (P-19981/88; A-6785)
445.30	r (P-19981/88; A-6785)
450.10	am (P-11071/88; A-10687)
455.10	r (P-19987/88; A-6787)
455.20	r (P-19987/88; A-6787)
455.30	r (P-19987/88; A-6787)
480.110	am (E-5788; O-9607)
525.103	am (P-11104/88; A-1589)
530.165	am (P-11104/88; A-1589)
600.101	n (P-1448; A-9336)

TITLE 86 (CONT'D)	
1910.75	n (P-8790)
1910.90	n (P-8790)
1910.95	n (P-8790)
TITLE 89	
101.1	n (P-20694/88; A-3897)
102.1	n (P-20743/88; A-3940)
103.1	n (P-20757/88; A-3954)
103.20	am (P-2958)
104.202	am (P-2958)
104.208	am (P-2958)
104.210	am (P-2958)
104.212	am (P-2958)
104.221	am (P-2958)
104.230	am (P-2958)
104.231	am (P-2958)
104.235	n (P-2958)
104.243	am (P-2958)
104.244	am (P-2958)
104.247	am (P-2958)
104.257	n (P-2958)
104.260	am (P-2958)
104.270	am (P-2958)
104.274	am (P-2958)
104.280	am (P-2958)
104.285	am (P-2958)
104.290	am (P-2958)
104.800	am (P-20747/88; A-3944)
110.1	n (P-20670/88; A-3836)
110.10	am (P-2931; A-10628)
111.1	n (P-20674/88; A-3840)
111.101	am (P-15920/88; A-85)
111.5	n (P-20661/88; A-6017)
112.40	am (P-1948)
112.78	am (P-22308/88; A-6017)
112.81	n (P-8246)
112.98	am (P-2236; A-8567)
112.252	am (P-15905/88; A-70)
112.253	am (P-15905/88; A-70)
112.254	am (P-15905/88; A-70)
112.318	n (P-4116)
113.5	n (P-20654/88; A-6007)
113.142	am (P-15898/88; A-63)
113.157	am (P-3440)
113.253	am (E-3402; P-15898/88; A-63)
113.260	am (E-3402; P-15898/88; A-63)
113.302	am (P-22299/88; A-6007)
114.5	n (P-4481)
114.127	am (P-20967/88; A-3900)
114.128	am (P-14996/88; A-89) (P-1959; A-8580)
114.220	am (P-1762/88; A-1546)
114.240	am (P-5456)
114.351	am (P-5456)
	am (P-15924/88; A-89)

TITLE 89 (CONT'D)		TITLE 89 (CONT'D)	
114.352	am (P-15924/88; A-89)	140.350	am (P-5958/88; A-3351)
114.353	am (P-15924/88; A-89)	140.350	re (A-9572)
115.1	n (P-20735/88; A-3932)	140.360	re (A-9572)
115.10	am (P-2702)	140.361	re (A-9572)
115.30	am (P-20683/88; A-3847)	140.362	re (A-9572)
116.10	n (P-20683/88; A-3847)	140.362	am (P-5958/88; A-3351)
117.1	n (P-20735/88; A-3936)	140.363	am (P-5958/88; A-3351)
117.20	am (P-5487)	140.363	re (A-9572)
118.300	n (P-20753/88; A-3950)	140.364	re (A-9572)
120.1	n (P-20705/88; A-3908)	140.364	r (P-5958/88; A-3351)
120.31	am (P-9906)	140.364	n (P-5958/88; A-3351)
120.40	am (P-17633/88; A-2081)	140.365	re (A-9572)
120.70	am (P-3281)	140.366	re (A-9572)
120.71	am (P-3281)	140.367	re (A-9572)
120.72	n (P-3281)	140.367	am (P-5958/88; A-3351)
120.74	n (P-3281)	140.369	am (P-5958/88; A-3351)
120.76	n (P-3281)	140.369	am (P-5958/88; A-3351)
120.346	am (P-10753)	140.370	re (A-9572)
120.380	am (P-15938/88; A-116)	140.370	re (A-9572)
120.382	am (P-15938/88; A-116)	140.370	am (P-5958/88; A-3351)
120.393	n (P-9250)	140.371	re (A-9572)
121.58	am (P-3354)	140.372	re (A-9572)
121.62	am (P-3354)	140.372	am (P-5958/88; A-3351)
121.135	n (P-20686/88; A-3890)	140.373	r (P-5958/88; A-3351)
130.301	am (P-4469)	140.374	re (A-9572)
130.302	am (P-4469)	140.375	re (A-9572)
130.310	am (P-4469)	140.376	r (P-5958/88; A-3351)
130.312	am (P-4469)	140.390	am (P-17643/88; A-5115)
130.313	am (P-4469)	140.390	re (A-9572)
130.314	am (P-4469)	140.391	re (A-9572)
130.321	am (P-4469)	140.392	re (A-9572)
130.500	n (P-20649/88; A-3831)	140.392	am (P-17643/88; A-5115)
140.16	am (P-2937)	140.394	am (P-17643/88; A-5115)
140.17	am (P-2937)	140.394	re (A-9572)
140.19	am (P-12976/88; A-3917)	140.396	re (A-9572)
140.20	am (P-20714/88; A-7786)	140.398	re (A-9572)
140.21	n (P-3295)	140.400	am (P-17172/88; A-2475)
140.43	n (P-19868/88; A-7025)	140.441	am (P-17172/88; A-2475)
140.94	re (A-9572)	140.443	am (P-17172/88; A-2475)
140.95	re (A-9572)	140.445	am (P-17172/88; O-1263; A-2475)
140.96	re (A-9572)	140.447	am (P-17172/88; A-2475)
140.97	re (A-9572)	140.497	n (P-7546)
140.98	re (A-9572)	140.512	am (P-11995/88; A-125)
140.99	re (A-9572)	140.525	am (P-17172/88; A-5718)
140.100	am (P-16421/88; O-1259; M-3195; A-3069)	140.526	am (P-1420)
140.101	re (A-9572)	140.569	am (P-5465) (E-10977)
140.102	re (A-9572)	140.850	re (A-7040)
140.103	re (A-9572)	140.855	re (A-7040)
140.104	re (A-9572)	140.860	re (A-7040)
140.116	re (A-9572)	140.865	re (A-7040)
140.117	re (A-9572)	140.870	re (A-7040)
140.200	re (A-9572)	140.875	re (A-7040)
140.202	re (A-9572)	140.880	re (A-7040)
140.203	re (A-9572)	140.885	re (A-7040)
140.300	re (A-9572)	140.890	re (A-7040)
		140.895	re (A-7040)

TITLE 89 (CONT'D)	
140.896	re (A-7040)
140.896	re (P-1701/88; A-5718)
141.000	am (P-7873) (E-8036)
141.100	am (P-20370/88; A-3850) (P-7873) (E-8036)
141.200	am (P-15483/88; A-516) (P-7873) (E-8036)
141.360	am (P-7873) (E-8036)
141.400	am (P-15483/88; A-516) (P-7873) (E-8036)
141.480	am (P-15483/88; A-516) (P-7873) (E-8036)
141.520	am (P-7873) (E-8036)
141.560	am (P-15483/88; A-516) (P-20370/88; A-3850) (P-7873) (E-8036)
141.720	am (P-20370/88; A-3850)
141.800	am (P-15483/88; A-516) (P-7873) (E-8036)
141.1000	am (P-7873) (E-8036)
141.1160	am (P-15483/88; A-516)
141.1200	am (P-7873) (E-8036)
141.1240	am (P-15483/88; A-516) (P-7873) (E-8036)
141.1280	am (P-15483/88; A-516) (P-20370/88; A-3850) (P-7873) (E-8036)
141.1320	am (P-7873) (E-8036)
141.1480	am (P-15483/88; A-516) (P-7873) (E-8036)
141.1520	am (P-15483/88; A-516) (P-7873) (E-8036)
141.1680	am (P-15483/88; A-516) (P-20370/88; A-3850)
141.1760	am (P-15483/88; A-516)
141.2080	am (P-9992) (E-10700)
141.2280	am (P-15483/88; A-516)
141.2360	am (P-15483/88; A-516)
141.2400	am (P-15483/88; A-516)
141.2600	am (P-20370/88; A-3850)
141.2760	am (P-15483/88; A-516) (P-20370/88; A-3850)
141.2920	am (P-20370/88; A-3850)
141.2960	am (P-15483/88; A-516) (P-20370/88; A-3850) (P-9992) (E-10700)
141.3080	am (P-7873) (E-8036)
141.3280	am (P-20370/88; A-3850)
141.3320	am (P-7873) (E-8036)
141.3400	am (P-7873) (E-8036)
141.3440	am (P-15483/88; A-516)
141.3480	am (P-15483/88; A-516)
141.3520	am (P-7873) (E-8036)
141.3560	am (P-7873) (E-8036)
141.3600	am (P-20370/88; A-3850)
141.3760	am (P-15483/88; A-516)
141.3800	am (P-15483/88; A-516) (P-20370/88; A-3850) (P-7873) (E-8036)
141.3840	am (P-15483/88; A-516) (P-9992) (E-10700)
141.3920	am (P-20370/88; A-3850) (P-7873) (E-8036)

TITLE 89 (CONT'D.)		
141.4000	am	(P-15483/88; A-516)
141.4040	am	(P-15483/88; A-516) (P-7873)
141.4100	am	(E-8036)
141.4160	am	(P-15483/88; A-516)
141.4200	am	(P-20370/88; A-3850) (P-7873)
141.4230	n	(E-8036)
141.4440	am	(P-20370/88; A-3850)
141.4520	am	(E-8036)
141.4600	am	(P-15483/88; A-516)
141.4640	am	(P-7873) (E-8036)
141.4670	am	(P-7873) (E-8036)
141.4720	am	(P-15483/88; A-516)
141.4760	am	(P-15483/88; A-516) (P-7873)
141.4800	am	(E-8036)
141.4800	am	(P-20370/88; A-3850)
146.5	re	(A-7040)
146.25	re	(A-7040)
146.50	re	(A-7040)
146.75	re	(A-7040)
146.100	re	(A-7040)
146.105	re	(A-7040)
146.125	re	(A-7040)
146.150	re	(A-7040)
146.175	re	(A-7040)
146.200	re	(A-7040)
146.225	re	(A-7040)
147.25	am	(P-3562)
147.50	am	(P-3562)
147.75	am	(P-10627/88; A-559)
147.100	am	(P-10627/88; A-559)
147.205	am	
147.205	am	(P-1720/88; O-5800; R-7148; A-7043)
147.7b. A	am	(P-10627/88; O-20231/88; R-667; A-559) (P-10763) (E-10999)
147.7b. B	am	(P-10627/88; O-20231/88 R-667; A-559) (P-10763) (E-10999)
148.10	re	(A-9572)
148.20	re	(A-9572)
148.30	re	(A-9572)
148.40	re	(A-9572)
148.50	re	(A-9572)
148.60	re	(A-9572)
148.70	re	(A-9572)
148.80	re	(A-9572)
148.90	re	(A-9572)
148.100	re	(A-9572)
148.110	re	(A-9572)
148.130	re	(A-9572)
148.140	re	(A-9572)
148.150	re	(A-9572)
148.160	re	(A-9572)
148.170	re	(A-9572)
148.180	re	(A-9572)
148.190	re	(A-9572)

[illegible][illegible][illegible][illegible][illegible][illegible]

TITLE 92, (CONT'D)

1001.430	am	(P-7229)	1435.15	n	(P-9070)
1001.440	am	(P-7229)	1435.20	am	(P-9070)
1001.450	am	(P-7229)	1595.1	n	(P-20974/88; A-7566)
1001.460	am	(P-7229)	1595.5	n	(P-20974/88; A-7566)
1001.470	am	(P-7229)	1595.7	n	(P-20974/88; A-7566)
1001.480	am	(P-7229)	1595.8	n	(P-20974/88; A-7566)
1003.20	am	(P-20019/88; A-7048)	1595.10	r	(P-20978/88; A-7564)
1003.30	am	(P-20019/88; A-7048)	1595.20	r	(P-20978/88; A-7564)
1003.40	am	(P-20019/88; O-3454; R-7150; A-7048)	1595.30	r	(P-20978/88; A-7564)
1010.20	n	(P-19642/88; A-5173)	1595.40	r	(P-20978/88; A-7564)
1010.240	am	(P-11103; A-7965)	1595.50	r	(P-20978/88; A-7564)
1010.430	n	(P-5655)	1595.60	r	(P-20978/88; A-7564)
1010.440	n	(P-16432/88; A-1598)	1595.70	r	(P-20978/88; A-7564)
1010.452	n	(P-19642/88; A-5173)	1595.80	r	(P-20978/88; A-7564)
1010.455	n	(P-19642/88; A-5173)	1595.90	r	(P-20978/88; A-7564)
1010.456	n	(P-19642/88; A-5173)	1595.100	r	(P-20978/88; A-7564)
1019.5	n	(P-19652/88; A-4944)	1595.110	r	(P-20978/88; A-7564)
1019.10	n	(P-19652/88; A-4944)	1595.120	r	(P-20978/88; A-7564)
1019.20	n	(P-19652/88; A-4944)	1595.130	r	(P-20978/88; A-7564)
1019.30	n	(P-19652/88; A-4944)	1595.140	r	(P-20978/88; A-7564)
1019.35	n	(P-19652/88; A-4944)	1595.150	r	(P-20978/88; A-7564)
1019.40	n	(P-19652/88; A-4944)	1595.160	r	(P-20978/88; A-7564)
1019.45	n	(P-19652/88; A-4944)	1595.170	r	(P-20978/88; A-7564)
1020.60	n	(P-5665)	1710.160	am	(P-9061)
1030.11	n	(P-3611)	1730.15	am	(P-9061)
1030.70	am	(P-20768/88; A-7808)	1730.20	am	(P-9061)
1030.85	am	(P-2395)			
1030.86	n	(P-17275/88; A-5192)			
1030.88	am	(P-2753)			
1030.89	am	(P-7892)			
1030.94	am	(P-3324)			
1030.94	am	(P-3611)			
1040.30	am	(P-17259/88; A-5162)			
1040.31	n	(P-9490)			
1040.40	am	(P-17259/88; A-5162)			
1040.41	n	(P-20760/88; A-8659)			
1040.46	am	(P-10216)			
1040.66	n	(P-15947/88; A-1593)			
1040.70	am	(P-19636/88; A-7802)			
1040.100	n	(P-20760/88; A-8659)			
1040.101	n	(P-20760/88; A-8659)			
1205.10	am	(P-1665; O-9597)			
1206.20	am	(P-1671)			
1225.45	am	(P-1676)			
1235.10	n	(P-17045/88; A-4658)			
1235.15	n	(P-17045/88; A-4658)			
1235.20	n	(P-17045/88; A-4658)			
1235.25	n	(P-17045/88; A-4658)			
1235.30	n	(P-17045/88; A-4658)			
1235.35	n	(P-17045/88; A-4658)			
1235.40	n	(P-17045/88; A-4658)			
1235.45	n	(P-17045/88; A-4658)			
1235.50	n	(P-17045/88; A-4658)			
1235.55	n	(P-17045/88; A-4658)			
1304.10	n	(P-13381/88; A-4654)			

This part of the Sections Affected Index lists only those Sections on which rulemaking is occurring in this issue of the Illinois Register. For previous action on these Sections in this volume of the Register, please refer to the first part of this index which begins on page SAI-1.

TITLE 14

470.110	n	(A-11441)	2770.105	am	(A-11507)
470.120	n	(A-11441)	2905.1	am	(A-11502)
470.210	n	(A-11441)	2905.15	am	(A-11502)
470.220	n	(A-11441)	2905.25	r	(A-11502)
470.230	n	(A-11441)	2905.40	n	(A-11502)
470.240	n	(A-11441)	2920.5	am	(P-11153) (E-11899)
470.250	n	(A-11441)	2920.65	r	(P-11153) (E-11899)
470.260	n	(A-11441)	2920.70	r	(P-11153) (E-11899)
470.270	n	(A-11441)	2920.75	r	(P-11153) (E-11899)
470.280	n	(A-11441)	2920.80	r	(P-11153) (E-11899)
470.290	n	(A-11441)			
470.310	n	(A-11441)			

TITLE 23

200.10	am	(A-11491)	450.5	n	(A-11573)
200.30	am	(A-11491)	450.10	am	(A-11573)
200.40	am	(A-11491)	450.20	am	(A-11573)
200.80	am	(A-11491)	450.30	am	(A-11573)
200.100	am	(A-11491)	450.35	n	(A-11573)
500.20	am	(A-11481)	450.40	n	(A-11573)
500.50	am	(A-11481)	450.50	n	(A-11573)
500.120	n	(A-11481)	450.60	n	(A-11573)
			450.210	am	(A-11573)
			450.220	am	(A-11573)
			450.230	am	(A-11573)
			450.310	am	(A-11573)
			450.320	am	(A-11573)
			450.330	am	(A-11573)
			450.410	am	(A-11573)
			450.420	am	(A-11573)
			450.430	am	(A-11573)
			450.440	am	(A-11573)
			450.450	am	(A-11573)
			450.510	am	(A-11573)
			450.520	am	(A-11573)
			450.530	am	(A-11573)
			450.540	r	(A-11573)
			450.550	r	(A-11573)
			450.560	r	(A-11573)
			450.570	r	(A-11573)
			450.610	am	(A-11573)
			450.710	am	(A-11573)
			450.720	am	(A-11573)
			450.730	am	(A-11573)
			450.810	r	(A-11573)
			450.820	r	(A-11573)
			450.830	r	(A-11573)
			450.835	r	(A-11573)
			450.840	r	(A-11573)
			450.845	r	(A-11573)
			450.848	r	(A-11573)
			450.850	r	(A-11573)
			450.860	r	(A-11573)
			450.870	r	(A-11573)
			450.920	am	(A-11573)

TITLE 27

2720.1	am	(P-5362; W-11960) (P-11139)	450.5	n	(A-11573)
2720.130	am	(P-5362; W-11960) (P-11139)	450.10	am	(A-11573)
2720.132	n	(P-5362; W-11960) (P-11139)	450.20	am	(A-11573)
2725.20	am	(P-5344; W-11959) (P-11120)	450.30	am	(A-11573)
2725.100	am	(P-5362; W-11959) (P-11120)	450.35	n	(A-11573)
2725.105	am	(P-5362; W-11959) (P-11120)	450.40	n	(A-11573)
2725.120	am	(P-5362; W-11959) (P-11120)	450.410	am	(A-11573)
2725.250	am	(P-5362; W-11959) (P-11120)	450.420	am	(A-11573)
2725.270	am	(P-5362; W-11959) (P-11120)	450.430	am	(A-11573)
2765.325	n	(P-5375; W-11961) (P-11155)	450.440	am	(A-11573)
2765.326	n	(P-11155) (E-11911)	450.450	am	(A-11573)
2765.328	n	(P-5362; W-11961)	450.510	am	(A-11573)
2765.330	n	(P-5362; W-11961)	450.520	am	(A-11573)
2765.332	n	(P-5362; W-11961) (P-11155)	450.530	am	(A-11573)
2765.333	n	(P-5362; W-11961) (P-11155)	450.540	r	(A-11573)
2765.334	n	(P-5362; W-11961) (P-11155)	450.550	r	(A-11573)
2765.335	n	(P-5362; W-11961) (P-11155)	450.560	r	(A-11573)
			450.570	r	(A-11573)
			450.610	am	(A-11573)
			450.710	am	(A-11573)
			450.720	am	(A-11573)
			450.730	am	(A-11573)
			450.810	r	(A-11573)
			450.820	r	(A-11573)
			450.830	r	(A-11573)
			450.835	r	(A-11573)
			450.840	r	(A-11573)
			450.845	r	(A-11573)
			450.848	r	(A-11573)
			450.850	r	(A-11573)
			450.860	r	(A-11573)
			450.870	r	(A-11573)
			450.920	am	(A-11573)

TITLE 77 (CONT'D)		
450.930	am	(A-11573)
450.940	am	(A-11573)
450.950	am	(A-11573)
450.960	am	(A-11573)
450.1010	am	(A-11573)
450.1110	am	(A-11573)
450.1120	am	(A-11573)
450.1130	am	(A-11573)
450.1140	am	(A-11573)
450.1150	am	(A-11573)
450.1155	am	(A-11573)
450.1200	am	(A-11573)
450.1300	am	(A-11573)
450.1310	am	(A-11573)
450.1320	am	(A-11573)
450.1330	am	(A-11573)
450. Ap. A	n	(A-11573)
450. Ap. B	n	(A-11573)
450. Ap. C	n	(A-11573)
665.610	n	(A-11565)
665.620	n	(A-11565)
665.630	n	(A-11565)
665.640	n	(A-11565)
665. Ap. A	n	(A-11565)
665. Ap. B	n	(A-11544)
665. Ap. C	n	(A-11544)
697.30	am	(A-11544)
697.30	am	(A-11544)
697.1120	am	(A-11544)
697.1130	am	(A-11544)
697.140	am	(A-11544)
697.140	am	(A-11544)
697.400	am	(A-11544)
697. Ap. A	am	(A-11544)
697. Ap. B	am	(A-11544)
790.420	am	(A-11717)
790.460	am	(A-11717)
790.500	am	(A-11717)
790.540	am	(A-11717)
790.620	am	(A-11717)
790.860	am	(A-11717)
790.900	am	(A-11717)
790.900	am	(A-11717)
790.980	am	(A-11717)
790.1125	am	(A-11717)
790.1127	am	(A-11717)
790.1129	am	(A-11717)
790.1131	am	(A-11717)
790.1200	am	(A-11717)
790.1300	am	(A-11717)
790.1570	am	(A-11717)
790.1577	am	(A-11717)
790.1685	am	(A-11717)
790.1697	am	(A-11717)
790.1700	am	(A-11717)
790.1706	am	(A-11717)
790.1708	am	(A-11717)
790.1710	am	(A-11717)
790.1740	am	(A-11717)
790.1980	am	(A-11717)
790.2097	am	(A-11717)

TITLE 77 (CONT'D)		
790.2503	am	(A-11717)
790.2600	n	(A-11717)
790.2605	am	(A-11717)
790.2617	am	(A-11717)
790.2618	am	(A-11717)
790.2663	am	(A-11717)
790.2668	am	(A-11717)
790.2672	am	(A-11717)
790.2700	am	(A-11717)
790.2780	am	(A-11717)
790.2800	n	(A-11717)
790.2900	am	(A-11717)
790.2904	am	(A-11717)
790.2940	am	(A-11717)
790.3023	am	(A-11717)
790.3028	am	(A-11717)
790.3054	am	(A-11717)
790.3300	am	(A-11717)
790.3315	am	(A-11717)
790.3340	am	(A-11717)
790.3420	am	(A-11717)
790.3437	am	(A-11717)
790.3492	am	(A-11717)
790.3620	am	(A-11717)
790.3700	am	(A-11717)
790.3910	am	(A-11717)
790.3940	am	(A-11717)
790.4012	am	(A-11717)
790.4040	am	(A-11717)
790.4100	am	(A-11717)
790.4300	am	(A-11717)
790.4398	am	(A-11717)
790.4540	am	(A-11717)
790.4660	am	(A-11717)
790.4670	am	(A-11717)
790.4740	am	(A-11717)
790.5140	am	(A-11717)
790.5220	am	(A-11717)
790.5312	am	(A-11717)
790.5420	am	(A-11717)
790.5483	am	(A-11717)
790.5540	am	(A-11717)
790.5544	am	(A-11717)
790.5620	am	(A-11717)
790.5660	am	(A-11717)
790.5780	am	(A-11717)
790.5807	am	(A-11717)
790.5924	am	(A-11717)
790.5940	am	(A-11717)
790.5992	am	(A-11717)
790.6180	am	(A-11717)
790.6260	am	(A-11717)
790.6275	am	(A-11717)
790.6370	am	(A-11717)
790.6450	am	(A-11717)
790.6456	am	(A-11717)

TITLE 27 (CONTD)		
790.6780	am	(A-11717)
790.6860	am	(A-11717)
790.6875	am	(A-11717)
790.6885	am	(A-11717)
790.6895	n	(A-11717)
790.6980	am	(A-11717)
790.7223	am	(A-11717)
790.7280	am	(A-11717)
790.7288	am	(A-11717)
790.7400	am	(A-11717)
790.7540	am	(A-11717)
790.7700	am	(A-11717)
790.7820	am	(A-11717)
790.7828	am	(A-11717)
790.8020	am	(A-11717)
790.8140	am	(A-11717)
790.8248	r	(A-11717)
790.8260	am	(A-11717)
790.8420	am	(A-11717)
790.8580	am	(A-11717)
790.8700	am	(A-11717)
790.8724	am	(A-11717)
790.8740	am	(A-11717)
790.8900	am	(A-11717)
790.8940	am	(A-11717)
790.9020	am	(A-11717)
790.9060	am	(A-11717)
790.9084	am	(A-11717)
790.9100	am	(A-11717)
790.9140	am	(A-11717)
790.9220	am	(A-11717)
790.9320	am	(A-11717)
790.9380	am	(A-11717)
790.9475	am	(A-11717)
790.9486	am	(A-11717)
920.30	am	(A-11796)
920.50	am	(A-11796)
920.70	am	(A-11796)
920.80	am	(A-11796)
920.90	am	(A-11796)
920.120	am	(A-11796)
920.130	am	(A-11796)
920.150	n	(A-11796)
920.160	n	(A-11796)
925.15	n	(A-11816)
925.30	am	(A-11816)
925.40	am	(A-11816)
TITLE 28		
310.110	am	(P-11117) (E-11854)
310.130	am	(P-11117) (E-11854)
310.530	am	(P-11117) (E-11854)
310.540	am	(P-11117) (E-11854)
310.Ap.A	am	(A-11451)
310.Tb.F	am	(A-11451)
310.42.F	am	(P-11117) (E-11854)

TITLE 30 (CONT'D)		am	(P-11117) (E-11854)
310.Ap.C	am		(P-11117) (E-11854)
310.Ap.D	am		(P-11117) (E-11854)
TITLE 36			
130.901	am		(A-11824)
130.1501	am		(A-11824)
130.1505	am		(A-11824)
130.1515	am		(A-11824)
525.103	n		(P-11184)
TITLE 39			
120.10	am		(E-11929)
120.60	am		(E-11929)
120.62	am		(E-11929)
120.63	am		(E-11929)
120.284	n		(E-11929)
120.384	n		(E-11929)
140.490	am		(P-11157)
140.491	am		(P-11157)
140.492	am		(P-11157)
140.526	am		(A-11516)
240.110	am		(A-11193)
240.120	am		(A-11193)
240.150	r		(A-11193)
240.160	n		(A-11193)
240.210	am		(A-11193)
240.220	am		(A-11193)
240.230	am		(A-11193)
240.240	am		(A-11193)
240.250	am		(A-11193)
240.260	n		(A-11193)
240.270	n		(A-11193)
240.280	n		(A-11193)
240.300	am		(A-11193)
240.310	am		(A-11193)
240.330	am		(A-11193)
240.340	am		(A-11193)
240.350	am		(A-11193)
240.360	am		(A-11193)
240.400	am		(A-11193)
240.410	am		(A-11193)
240.415	am		(A-11193)
240.425	am		(A-11193)
240.430	am		(A-11193)
240.435	am		(A-11193)
240.445	am		(A-11193)
240.450	am		(A-11193)
240.455	am		(A-11193)
240.460	am		(A-11193)
240.465	am		(A-11193)
240.470	am		(A-11193)
240.480	am		(A-11193)
240.485	am		(A-11193)
240.510	#		(A-11193)
240.510	#		(A-11193)
240.520	#		(A-11193)

TITLE 89 (CONT'D)	
240.520	am (A-11193)
240.530	am (A-11193)
240.600	am (A-11193)
240.610	am (A-11193)
240.620	am (A-11193)
240.630	am (A-11193)
240.640	am (A-11193)
240.650	am (A-11193)
240.655	# (A-11193)
240.655	am (A-11193)
240.660	am (A-11193)
240.710	am (A-11193)
240.715	am (A-11193)
240.720	am (A-11193)
240.725	am (A-11193)
240.730	am (A-11193)
240.735	am (A-11193)
240.740	am (A-11193)
240.750	am (A-11193)
240.755	am (A-11193)
240.760	am (A-11193)
240.800	am (A-11193)
240.810	am (A-11193)
240.815	am (A-11193)
240.820	am (A-11193)
240.825	am (A-11193)
240.830	am (A-11193)
240.835	am (A-11193)
240.855	am (A-11193)
240.860	am (A-11193)
240.865	am (A-11193)
240.870	am (A-11193)
240.875	am (A-11193)
240.905	am (A-11193)
240.910	am (A-11193)
240.915	am (A-11193)
240.920	am (A-11193)
240.925	# (A-11193)
240.930	n (A-11193)
240.935	n (A-11193)
240.940	am (A-11193)
240.945	am (A-11193)
240.950	am (A-11193)
240.1010	am (A-11193)
240.1020	am (A-11193)
240.1040	n (A-11193)
240.1050	n (A-11193)
240.1110	r (A-11193)
240.1110	n (A-11193)
240.1120	r (A-11193)
240.1120	n (A-11193)
240.1130	r (A-11193)
240.1130	n (A-11193)
240.1160	n (A-11193)
240.1170	n (A-11193)
240.1180	n (A-11193)

TITLE 89 (CONT'D)	
240.1210	am (A-11193)
240.1310	am (R-11956; A-11193)
240.1320	am (A-11193)
240.1330	r (A-11193)
240.1396	r (A-11193)
240.1397	r (A-11193)
240.1398	r (A-11193)
240.1399	r (A-11193)
240.1510	am (A-11193)
240.1520	am (A-11193)
240.1530	am (A-11193)
240.1535	am (A-11193)
240.1540	am (A-11193)
240.1545	am (A-11193)
240.1550	am (A-11193)
240.1555	am (A-11193)
240.1560	am (A-11193)
240.1565	n (A-11193)
240.1570	n (A-11193)
240.1575	n (A-11193)
240.1580	n (A-11193)
240.1590	n (A-11193)
240.1600	n (A-11193)
240.1605	n (A-11193)
240.1610	n (A-11193)
240.1620	n (A-11193)
240.1625	n (A-11193)
240.1630	n (A-11193)
240.1635	n (A-11193)
240.1640	n (A-11193)
240.1645	n (A-11193)
240.1650	n (A-11193)
240.1655	n (A-11193)
240.1660	n (A-11193)
240.1665	n (A-11193)
240.1800	n (A-11193)
240.1850	n (A-11193)
240.1910	n (A-11193)
240.1920	n (A-11193)
240.1930	n (A-11193)
240.1940	n (A-11193)
240.1950	n (A-11193)
240.2020	n (A-11193)
240.2030	n (A-11193)
240.2040	n (A-11193)
240.2050	n (A-11193)
552.35	am (P-11177)
552.50	am (P-11177)
552.60	am (P-11177)
552.80	am (P-11177)
552.90	am (P-11177)
TITLE 92	
1000.10	am (A-11844)
1000.20	am (A-11844)
1000.50	am (A-11844)

TITLE 92 (CONT'D)	
1000.60	am (A-11844)
1000.70	n (A-11844)
1000.80	r (A-11844)
1000.120	am (A-11844)
1205.10	am (O-9597; R-11957; A-11460)
1206.30	am (A-11466)
1225.45	am (A-11471)

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